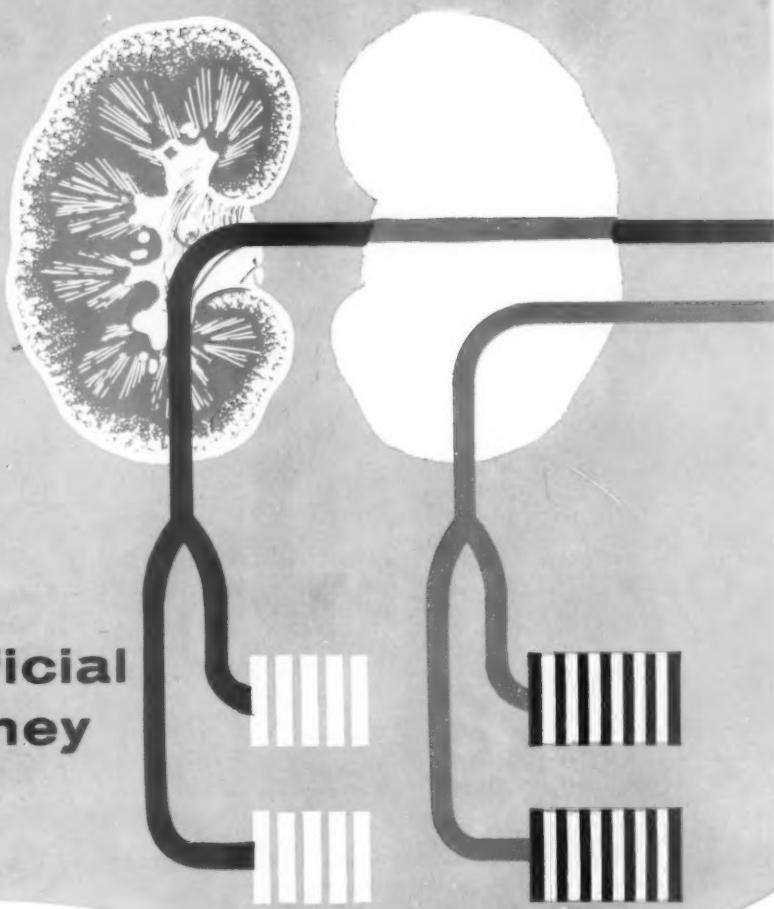


RN

SEPTEMBER 1959



The Artificial Kidney

Also in this issue...

How to Quit Your Job

Give Me the Surgical Floor Every Time!



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RN

contents

VOLUME 22 • NO. 9 • SEPTEMBER 1959

Give Me the Surgical Floor Every Time! 37

So say half the nurses who cooperated in an *RN* study.
Here's what they like about surgical nursing

The Artificial Kidney 39

An on-the-spot report tells how this machine does its life-saving work. You'll learn in detail what the patient-care before, during, and after treatment is like

How to Quit Your Job 47

Often the way you leave a job is as important to your future as the record you make while working

Allergy Drugs: New Weapons in an Age-Old War 53

They do much more than give simple relief. In many cases, they may even save lives. This article explains why and how

10-Strike at St. Raphael's 61

The Shadows, The Cut-ups, and other staff members of this hospital bowl their way to happier on-duty relationships

MORE ►

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contents

How We Help Our Pediatric Patients 63

Solving the parent-centered emotional needs of the children
isn't easy, but it *can* be done—like this

DEPARTMENTS and SHORT FEATURES

<i>Letters</i>	11
<i>Literature and Samples</i>	35
<i>High School Pre-Nursing Pays Off</i>	49
<i>Dolls for the Dean</i>	57
'Miracle Operation' for the Deaf	58
<i>Nurses on Wheels</i>	67
<i>Our Nurses Punch Time Clocks—and Like It!</i>	69
'The Place to Get Well'	70
<i>Announcement of the 1960 RN Awards</i>	74
<i>Let's Go Slow With Transfusions</i>	80
<i>What's New in Drugs</i>	86
<i>Positions Available</i>	101
<i>News</i>	19
You Can Get Loans for Degree Study	19
These May Help Cause Bacterial Spread.....	19
A.N.A. Code of Ethics Set for Revision	19
Hospital Study Gives Data on Nurse Shortage	20
L.P.N.s Barred From Giving Medications	24
Simple Test Determines Ovulation Time	24
M.D. Cites Warnings That Precede Heart Attack	28
New TV Teaching Tool	28
Psychoses, Tumors Linked to Blood Type	30
Cooling Technique Halts Gastric Bleeding	90
Computer May Predict Cardiac Cases	92
Now You May Catch Polio Immunity!	92
Capsules	94

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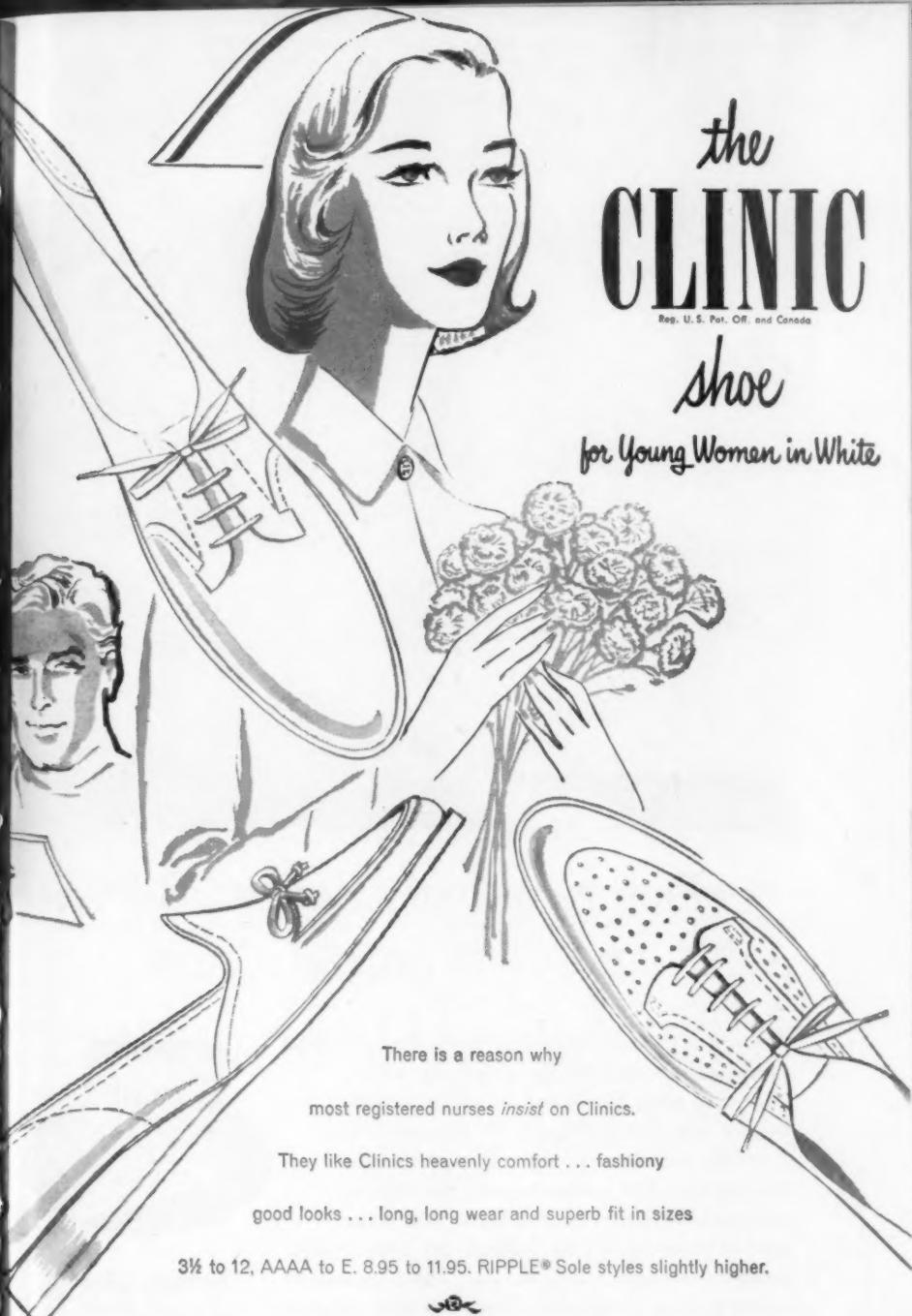


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Reference: 1. Hardy, James D.: *The Nature of Pain*, Journal of Chronic Diseases, Vol. 4, July 1956.

RN *letters*

RE-SUBSCRIBER

DEAR EDITOR: A few years back I let my subscription drop as I didn't seem to be getting much out of *RN*. But now *RN* is most interesting and really has a lot to offer! I'm enclosing my check for a two-year subscription.

Betty Getz, R.N.
Reed's Ferry, N.H.

NURSE STRIKE

DEAR EDITOR: Unionization of nurses? If that happens, I hope I'll never have to be a hospital patient. The nurses might pull a strike while I'm there!

Grace H. Pino, R.N.
Hammonton, N.J.

"BEST WAY TO LEARN . . . ?

DEAR EDITOR: Congratulations to Jeanne Zollman for her excellent article "Best Way to Learn About Patients: Be One." [Mrs. Zollman suggested that each student nurse be admitted incognito to a hospital other than her own for simulated experience as a patient.]

I agree that a nurse really can't understand her patients' anxieties and fears—and thus give proper psychological support—until she

has been in a hospital as a patient herself.

Unfortunately, the suggested program would be costly, unless it could be done on an exchange basis between teaching hospitals. And the parents of some student nurses might object.

Even so, an idea as good as this should certainly be brought to the attention of those who could put it into practice.

Lorraine Stein, R.N.
Brooklyn, N.Y.

POOREST PAID

DEAR EDITOR: Nursing is the poorest paid profession I know of.

When I did industrial nursing, the clean-up woman made more than I did. She belonged to a union! No wonder nurses are leaving nursing for other jobs.

Recently, I got a staph infection in a hospital where I'd worked for eleven years. Did the hospital take care of me? No! I had to pay my own bills.

I agree with those who say we need some kind of grievance board (or union) to work for our interests. But let it be inexpensive—not like the A.N.A., whose high dues



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12 RN · SEPTEMBER 1959



letters

make it impossible for many nurses to join.

Edith M. Stevenson, R.N.
Philadelphia, Pa.

I.M. INJECTION SITE

DEAR EDITOR: An item in your News columns mentioned the ventral section of the gluteus medius and minimus muscles as an *alternative* site for I.M. injections.

In the London hospital where I did my training over ten years ago, that was the *only* site used for I.M.s. It was considered less vascular and more muscular, offering minimum risk of trauma.

The ventral site is easier for the nurse to reach, too. And the patient doesn't have to turn or twist.

Patrick Heffernan, R.N.
Staten Island, N.Y.

SICK PAY NEEDED

DEAR EDITOR: When an R.N. who's the sole support of her family is ill for a long time, there's often no money to pay bills or to put food on the table.

Sometimes the nurse must resume duty too soon and work double shifts to make up the loss of income.

In all such cases, sickness benefits are obviously needed.

Charlotte Koch, R.N.
Warwick, N.Y.

NARCOTICS AND ETHICS

DEAR EDITOR: Suppose a ward nurse discovers that narcotics are being misused (for example, in the

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letters

over-sedation of troublesome patients): Is she ethically bound to report it? Is there any other constructive action she may take?

I think nurses would benefit by a frank discussion of this problem in *RN*.

Dorothy F. Robb, R.N.
Strongsville, Ohio

RN invites its readers' opinions and comments on any phase of narcotic misuse in nursing practice.—ED.

IMPORTANCE OF EMPATHY

DEAR EDITOR: Recently when I was working as a senior student on the female evaluation ward of our psy-

chiatric unit, a middle-aged patient told me:

"I came in just last night, very much ashamed at being put in a place like this. During breakfast I saw the kindly way you looked at that poor woman who's really off her rocker. So I know you won't laugh at me when I tell you how worried I am."

I hadn't been aware that my sympathy for a disturbed patient would be so evident to other patients. Suppose my face had shown ridicule or disgust instead of sympathy: Would this patient have come to me for reassurance?

This experience convinced me

On our floor

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that a nurse must never lose sight of the therapeutic importance of empathy with her patients.

Annette Hendry
Los Angeles, Calif.

HAZARDOUS PRACTICE

DEAR EDITOR: As a newcomer to the South, I've been shocked by the drug-dispensing method used at some Southern hospitals.

It seems to be the accepted practice to have a complete stock of drugs on every floor. This means that a nurse takes on the responsibility of a dispensing pharmacist every time she gives a medication.

I've seen nurses grab the wrong

drugs or give wrong dosages. And I live in constant fear of making such mistakes myself.

One nurse, I'm told, discussed this fear with her administrator. His reply: "We have insurance to protect you."

R.N., North Carolina

HYPNOSIS? NO, THANKS

DEAR EDITOR: Recent reports in your News and Letters columns about the clinical use of hypnotism are interesting. But I wouldn't permit it for any condition.

Hannah O. Gruenwald, R.N.
Milwaukee, Wis.

END

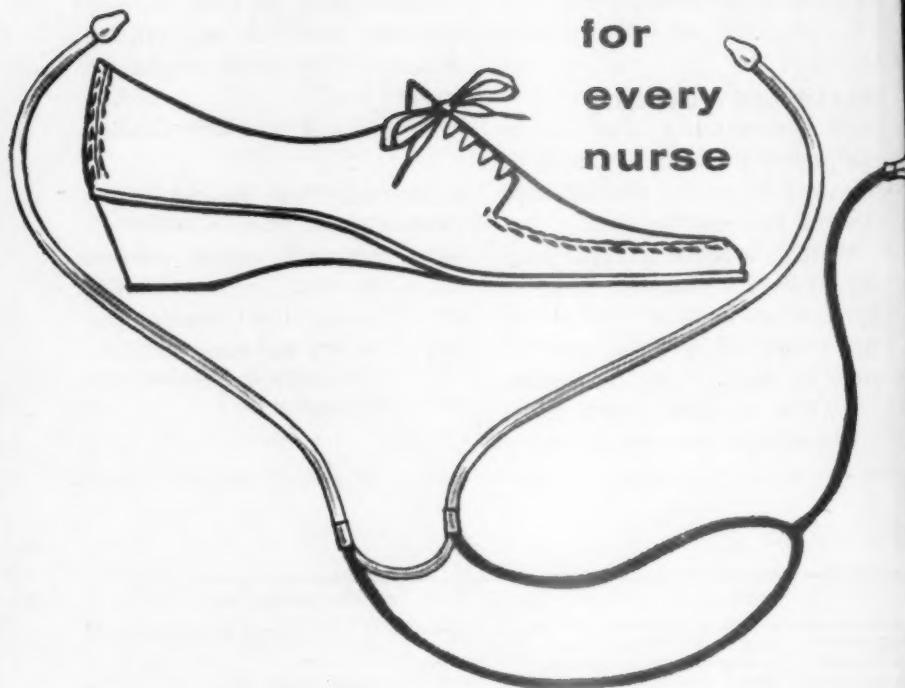
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citrus	1 glass
apple	50 glasses
grape	9 glasses
pineapple	3-4 glasses
prune	50 glasses



[†]Data calculated from: Watt, B. K. et al., U.S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al. Agr. & Food Chem. 4:418, 1956.

*This is the peak of the Recommended Daily Allowances for adolescence or pregnancy; 150 mg. during lactation; 70-75 mg. for normal adults.

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RN *news*

You Can Get Loans For Degree Study

Uncle Sam will now lend you up to \$1,000 a year (\$5,000 totally) for full-time degree study if you're enrolled at any of the 1,200 institutions participating in the new college-loan program. Graduate as well as student nurses may apply.

To be eligible, you must be in good standing and must satisfy college officials that you need the money.

You have ten years to repay the loan, starting one year after completing your studies. Interest, starting at the same time, is 3 per cent a year on the unpaid balance.

These May Help Cause Bacterial Spread

Don't overlook the hospital's portable bed screens and pull-around curtains as probable reservoirs of airborne and dustborne bacteria.

So, in effect, says a British medical journal, *The Lancet*. It points out that:

¶ Portable screens scatter less dust than pull-around curtains and are thus preferable in surgical wards.

¶ Plastic screens and curtains

probably harbor fewer bacteria than others—but they should be cleaned regularly.

R.N. Sparks Invention

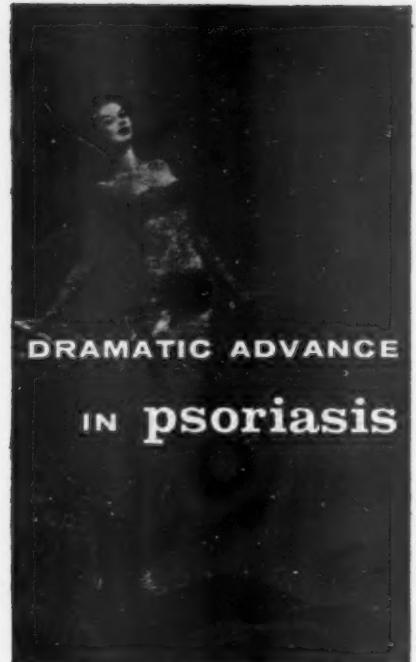
Nurse Hetty Sullivan of La Canada, Calif., convinced her husband, Larry, that urinals needed improving. So he invented this dis-



posable urinal now called the Sanivoid (right). It's marketed with the new disposable cone-carafe shown (left). Both these patient-duration items are said to help cut infection hazards.

A.N.A. Code of Ethics Set for Revision

The American Nurses' Association says its revised Code of Ethics (scheduled for presentation to the



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(1) Flesch, P.: Reported Conf. N.Y. Academy Science May 9, 1958 (In Press). (2) Bleiberg, J., and Saltzman, J. A.: Clin. Med. 5:485 (Apr) 1958. (3) Bleiberg, J.: Reported Conf. N.Y. Academy Science May 9, 1958 (In Press). (4) Clyman, S. G.: Reported Conf. N.Y. Academy Science May 9, 1958 (In Press). *Trademark



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news

House of Delegates next year) includes a clause stressing the R.N.'s duty in helping to improve economic standards of the profession.

These standards "can be competently defined only by the professional organization of nurses," adds the A.N.A.

Observers take this to mean that the revised code could, in effect, make it unethical to seek economic aid by joining other organizations — a labor union, for example.

Hospital Study Gives Data On Nurse Shortage

About 11 per cent of all full-time nursing positions available in U.S. hospitals are vacant, a recent survey by the Public Health Service shows.

Of the jobs open to staff nurses, 13.2 per cent are vacant. Of those open on supervisory and administrative levels, 8 per cent are unfilled.

Degree Nurses May Study 'Nuclear Nursing'

A four-month course in nuclear nursing—said to be the first in the world—is now available to degree nurses at the National Naval Medical Center, Bethesda, Md.

The curriculum includes a review of chemistry, slide rule functions, nuclear physics, radiation safety, radiobiology, clinical radioisotope procedures, and disaster management.

At last report, some twenty-six

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Riboflavin (B ₂)	1.2 mg.
Pyridoxine Hydro-	1 mg.
chloride (B ₆)	
Vitamin B ₁₂ Activity (as Co-	3 mcg.
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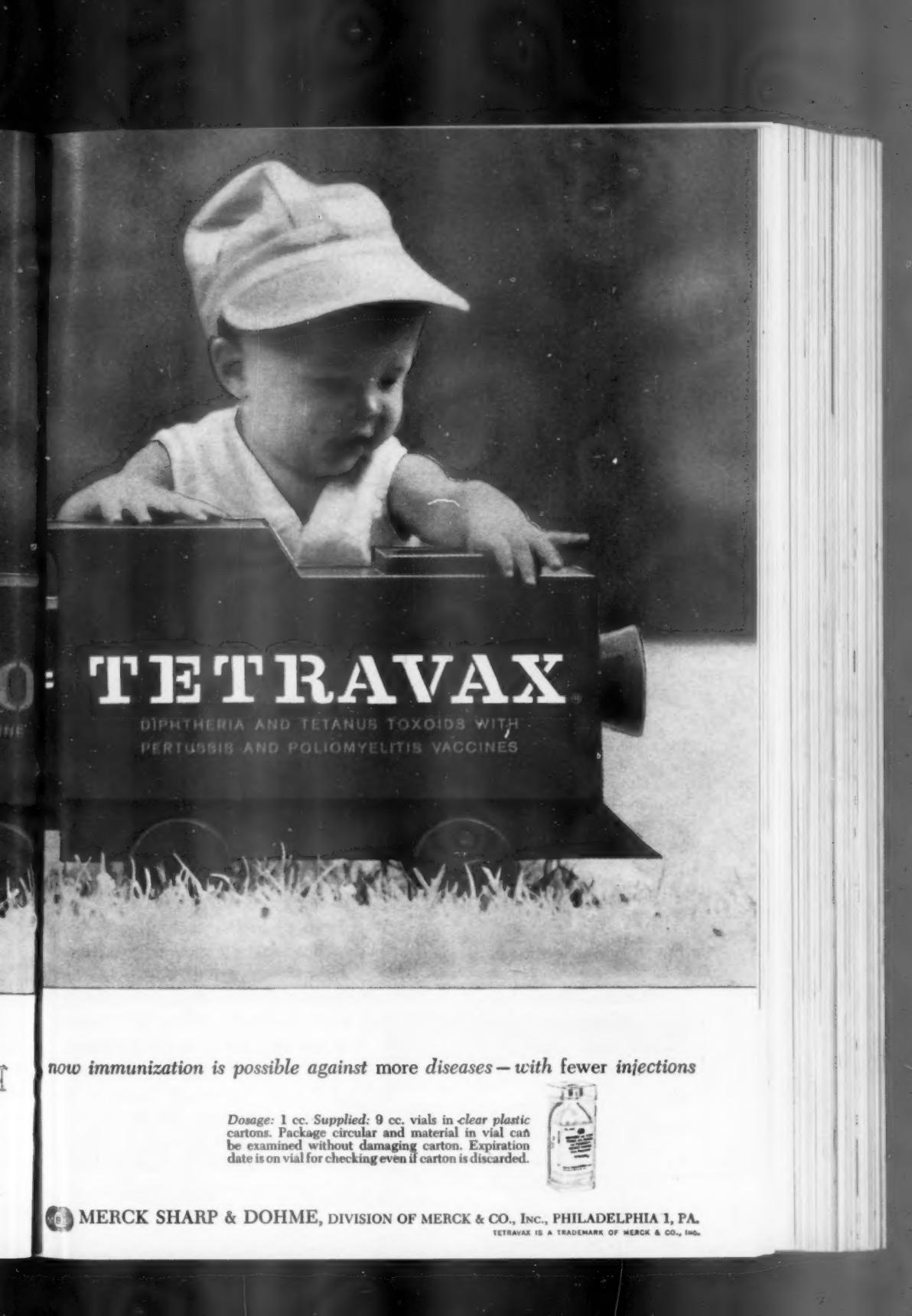


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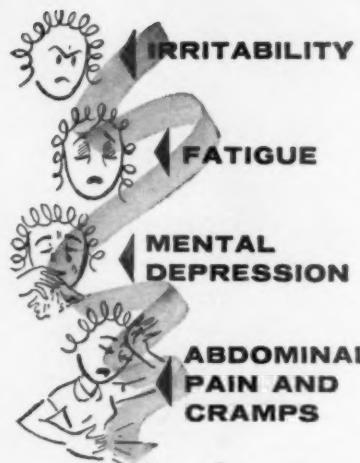
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news

R.N.s, mainly nurse-officers of the Armed Forces, had completed the course.

For details write to Chief, Bureau of Medicine and Surgery, Code 32, Navy Department, Washington, D.C.

L.P.N.s Barred From Giving Medications

Are L.P.N.s acting illegally when they give medications?

They are in at least one state—Washington.

There the attorney general has ruled that L.P.N.s may not legally give medications either orally or by injection.

Earlier this year efforts were made to get a bill through the State Legislature legalizing L.P.N.-administration of oral medicines and subcutaneous injections. The state nurses' association opposed the bill and it died in committee.

Simple Test Determines Ovulation Time

A simple chemical test that can be done by any office nurse or lab technician has shown "gratifying results" in predicting ovulation time, say Manesseh G. Sevag, Ph.D., and Dr. Sabin W. Colton of the University of Pennsylvania.

To make the test, the technician (1) adds chemical reagents to urine specimens collected nightly for five to seven successive nights. (2) measures the intensity of the resulting color (blue) of each spec-



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news

imen by colorimetry, and then (3) graphs the varying intensities for interpretation.

The test is especially helpful in making infertility studies, the investigators say.

Here's How to Keep Nurses, Says Dean

All the fringe benefits in the world won't hold hospital nurses unless their tasks are made less difficult and more rewarding. Too often, rigid regulations demoralize nursing personnel—and the situation is rapidly growing worse.

So says Sister Charles Marie, dean of the school of nursing at

Catholic University of America.

What can administrators do to improve the situation? The dean suggests, among other things:

¶ Take time to orient new staff members and to praise those who do good work at any level.

¶ Provide in-service education during working hours.

¶ Change the regulations, if necessary, so personnel will have enough freedom to keep them happy and let them do their jobs intelligently.

¶ Encourage nurses to suggest any changes that might improve the nursing care.

¶ Plan workloads so the em-



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M.D. Cites Warnings That Precede Heart Attack

Anticoagulant therapy can often be started in time to stave off a heart attack if certain clear pain warnings are heeded, says Dr. Robert E. Beamish of Canada's University of Manitoba.

He says these three classes of persons should report promptly to their doctor if they have the symptom indicated:

¶ The person who has never had heart pain before. Symptom: recurring bouts of heart pain lasting fifteen to thirty minutes each.

¶ The person who has had mild heart pain after exercising, perhaps

for months or years. Symptom: The pain suddenly becomes more severe, occurs more often or with less provocation.

¶ The person who has had a heart attack but who has been pain-free for some time. Symptom: renewed bouts of heart pain.

New TV Teaching Tool

Shown below is the latest teaching technique for classes studying the ear, nose, and throat:

The patient (with back to viewer) sits before the instructor who wears a small TV camera mounted on a white helmet. As he inspects her ear, nose, or throat, the camera sends a close-up to the large TV screen at the right rear. Students see exactly what's being done without walking past the patient one at a time.

More►



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The new helmet-camera also telecasts delicate operations that standard TV cameras can't observe. It was developed in the William and Harriet Gould Foundation research laboratory, Chicago.

New Way Found to Catheterize Heart

A new method of catheterizing the left side of the heart is reported by the National Heart Institute, Bethesda, Md.

The new method requires only one venous puncture to examine the heart chambers on both sides, according to the report. Here's how it's done:

The surgeon passes a needle through a Cournand catheter lying in the right atrium. He then advances the needle beyond the catheter tip for puncture of the interatrial septum. Finally, he feeds a small-caliber catheter through the needle and manipulates this catheter into the left atrium and left ventricle.

Psychoses, Tumors Linked To Blood Type

Psychoses occur most often among persons with type O blood, and brain tumors occur most often among those with type A blood.

These findings emerge from an Iowa study reported by Dr. J. A. Buckwalter and associates in the A.M.A. Archives of Neurology and Psychiatry. The study also shows that the [More on 90]



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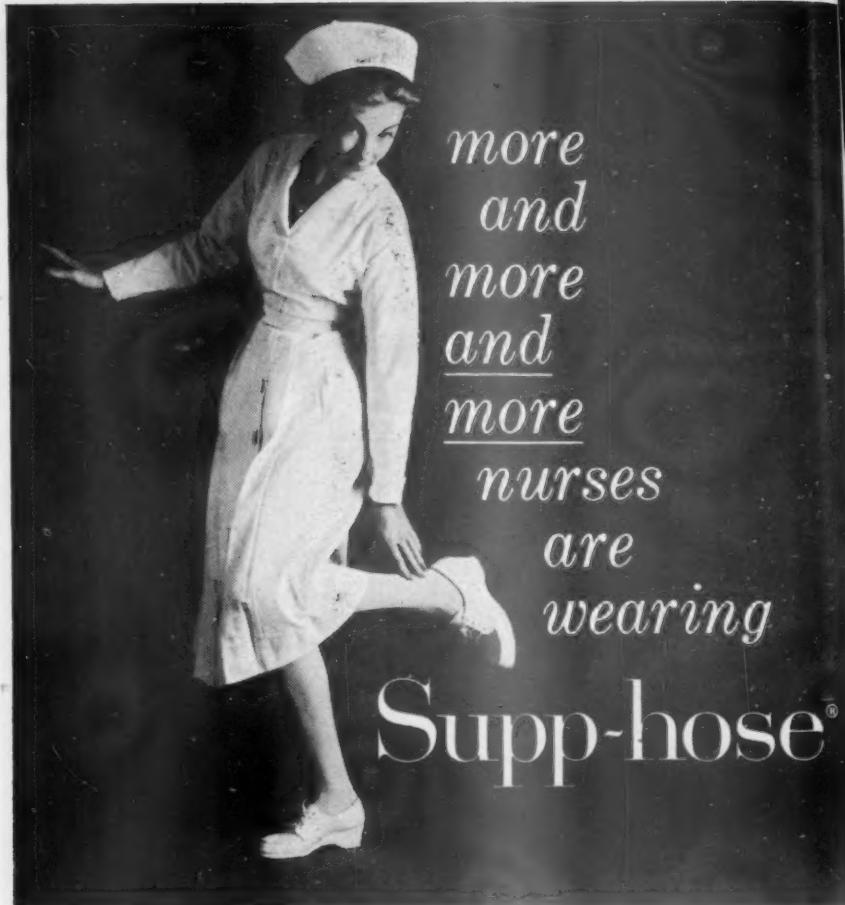
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RN *literature and samples*

FACTS ABOUT COLOR CODING:

There's a trend toward adoption of color standards for quick identification of many of the products used in hospitals. Becton, Dickinson & Co. has advocated an industry-wide program to standardize color codes. A color brochure discusses the subject and shows how the products of BECTON, DICKINSON and their Wilson Rubber Co. Division are color coded. **J-1**

SHOE STYLE FOR NURSES: The latest Clinic Shoe creations are illustrated and described in a folder. Also enclosed is a list of Clinic dealers in your area and a complimentary pair of white shoe laces, to replace worn or soiled ones and keep your present footwear spic and span. **THE CLINIC SHOEMAKERS.** **J-2**

HANDS THAT WORK: Special occupations call for unusual care of the hands. The makers of Chap Stick have devised a special emulsion cream called Chap-ans to solve the problem of work-sore hands. A generous sample of the product is offered. **CHAP STICK CO.** **J-3**

SUGARLESS PRODUCTS: Patients under the restrictions of a diabetic diet can enjoy many of the pleasures for-

merly denied them. AMUROL PRODUCTS COMPANY have available a group of sugar-free products including chewing gum, mints, fruit drops, cough drops, and chocolate confections. A folder provides details. **J-4**

INFANT FEEDING AND COLIC: Most colic among bottle fed babies is caused, pediatricians agree, by excessive swallowing of air. A folder explains how the Nursmatic nurser makes use of a specially designed stainless steel valve to prevent air ingestion. **NURSMATIC CORP.** **J-5**

NEW BANDAGING TECHNIQUES: An instruction manual describes the many processes of bandaging with Tube-gauz, a new seamless tubular gauze bandage. Dressings are neat, firm, and quickly applied, particularly on hard-to-bandage areas. **THE SCHOLL MFG. CO., INC.** **J-6**

FALL UNIFORM STYLES: Exciting new weaves and textures in wash-and-wear fabrics are combined with new fall styles in the current catalog of **BUDGET UNIFORM CENTER**. And you will receive with your copy a complimentary supply of white bobby pins to hold your cap in place. **J-7**

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RN



Give Me the Surgical Floor Every Time!

*So say half the nurses who cooperated
in an RN study. Here's what they like about surgical nursing*

By Hope Patterson, R.N.

A medical floor is always gloomy. All you ever do is make beds. Most of the time, you don't know whether your nursing care has helped the patient get well or not!"

A pert young nurse made this statement to her friend as I sat down at an adjoining table in the coffee shop of a university hospital.

THIS ARTICLE is the first of two on nurses' work preferences. In a later issue, RN will bring you the opinions of nurses who prefer the medical service.

tal. She got a fast rejoinder from the nurse opposite:

"Oh, you gals on surgery! You're so fascinated by dressings and tubes and machines that you don't even know the patient exists!"

The lively discussion that followed ended in a tie when the first nurse had to leave. "Anyway," she said as her parting shot, "give me surgery every time!"

Was this nurse's enthusiastic

GIVE ME THE SURGICAL FLOOR EVERY TIME!

opinion of the surgical-floor service a typical one? What do other general-duty nurses think? And what are the advantages, if any, of the surgical floor as compared with the medical floor.

To get a cross-section of opinion on this, *RN* recently asked 200 general-duty nurses if they prefer working on the surgical or the medical floor, and why.

About half who gave a preference said they *do* prefer the surgical floor. And here are the major reasons for their answer.

Nurses enjoy taking care of surgical patients.

One nurse with ten years' ex-

perience says: "The medical floor has so many chronically ill patients that I always get depressed when I work there. But our surgical patients are usually here for only a short time. They're cheerful and cooperative as a rule. And they're easy to care for."

Adds a Wisconsin nurse who serves in a mixed medical-surgical ward: "You always know the diagnosis for the surgical patient, and what to expect. You can see him make progress almost daily. With the medical patient, you can only *hope* for progress."

Nurses like [More on 72]

Polishing Dr. Kildare

It was my first day at my first job after graduation and I was determined to make a good impression.

As I stood at the nurses' station, I saw a gentleman coming down the hallway, dressed in white and carrying a small black bag. I felt it my duty to get to know the staff doctors, so I boldly got in step with him and introduced myself.

When he stopped at a patient's room, I quickly opened the door for him. He looked at me quizzically and said "Thank you."

Then he entered the room, took a towel out of his bag, and put it around the patient's neck. By the time he had produced a shaving mug and a razor, I figured out who he was and fled in embarrassment!

—BETTE BROWN, R.N.

The Artificial Kidney

BY PATRICIA D. HORGAN, R.N.

You've read about the artificial kidney machine and you've probably seen pictures of it. Perhaps you've even seen one of these machines demonstrated. But do you

- *Know exactly what the indications are for its use?*
- *Understand clearly why and how it operates?*
- *Know in detail the nursing care that's needed by the patient for whom it's used?*

Several hundred hospitals and medical centers now have at least one type of artificial kidney; more are getting them. So it's important for the nurse to know more about the machine and the care of the patient it helps.

To get the necessary information, RN commissioned a staff editor to visit the kidney team nurse at the Cleveland Clinic and Dr. Willem J. Kolff, the artificial kidney's pioneer developer. The editor's report follows.

Just when is an artificial kidney used? How does it work? And what special nursing problems arise when caring for a patient who's being treated by this device?

When I asked these three questions at the Cleveland Clinic, Dr. Maurice Black of the hospital's kidney team took time from

his busy schedule to answer the first two. And Miss Jean Blaha, a professional nurse with wide experience on the team, answered the third.

There are three groups of patients whom the artificial kidney can help, says Dr. Black: (1) those with acute renal insufficiency, (2) those with chronic renal

THE ARTIFICIAL KIDNEY

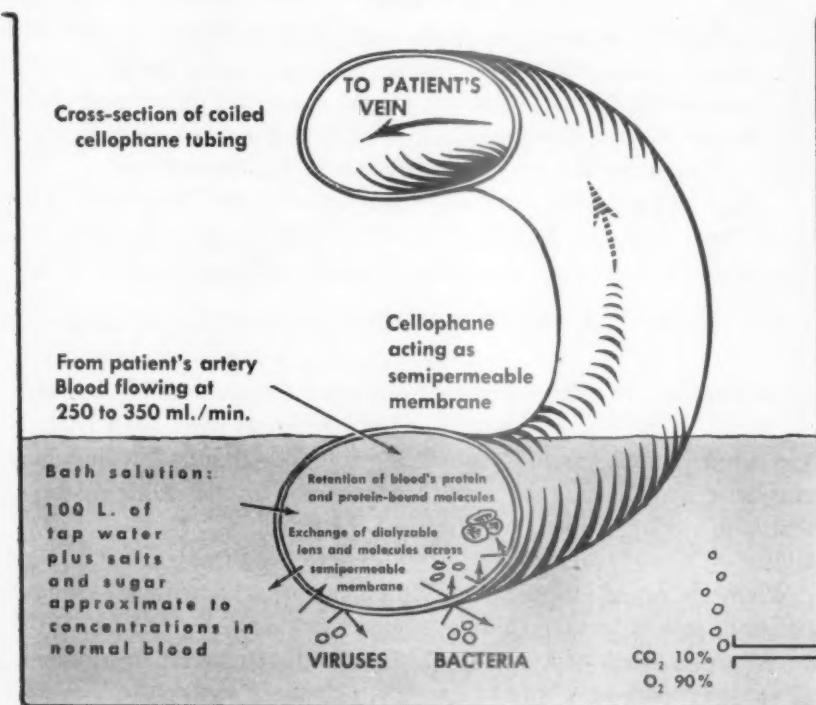
insufficiency, and (3) those who have taken or received massive doses of drugs.

The artificial kidney helps patients in all three groups by taking over the filtration and resorption functions which the natural kidneys can't perform because of acute or chronic circumstances. This action provides the following particular benefits in each case:

¶ In acute insufficiency, it gives the kidneys time to recover from the effects of systemic shock (due to head injuries, multiple fractures, burns, etc.), or serious disease (acute glomerulonephritis, for example), or an emergency condition (such as a transfusion reaction).

¶ In chronic insufficiency, it relieves the symptoms of long-standing kidney disease (such as

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edema and electrolyte imbalance).

¶ In drug poisoning, it removes potentially lethal doses of drugs (such as barbiturates and salicylates) more rapidly than the kidneys could remove them.

How It Works

"But how can this relatively simple device do such a complex job?" I asked.

The artificial kidney, Dr. Black explained, makes use of the following principle:

Ions and molecules will move freely between solutions of different composition when two such solutions are placed side by side. The substances that are more concentrated in the first solution will move into the second. At the same time, those that are more concentrated in the second solution will move into the first.

A semipermeable membrane placed between the two solutions will prevent the solutions themselves from mixing but will permit the exchange of ions and molecules through the membrane's minute pores. The membrane thus becomes a filter.

To use this filtering action for removing selected substances

from human blood, said Dr. Black, the filter must be made of a semipermeable membrane with pores so tiny that only certain ions and molecules can pass through.

This selective separation is called dialysis. And processing the blood in this way is called hemodialysis. Here, briefly, is how an artificial kidney* accomplishes hemodialysis:

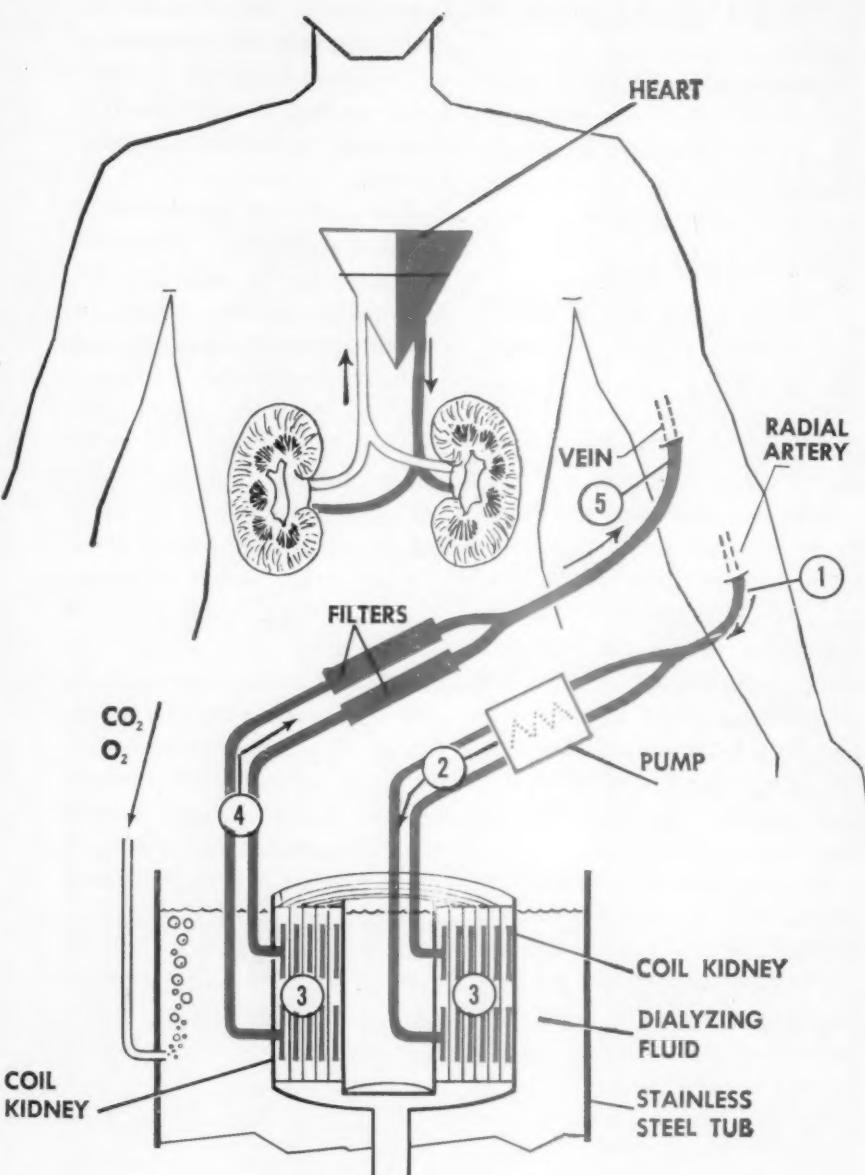
¶ The patient's blood goes through twin lengths of cellophane tubing that are sandwiched side by side between Fiberglas mesh, then coiled about a spindle. The coil is immersed in a tub of tap water to which certain salts and sugars have been added (the dialyzing bath).

¶ The patient's blood is the solution of greater concentration so far as its retention products are concerned. (These include urea, creatinine, and uric acid; or, in the case of drug poisoning, high concentrations of drugs.)

The dialyzing bath is the solution of greater concentration so far as its special salts and sugars are concerned. *More*►

*The artificial Twin Coil kidney described and shown in this article was developed by Dr. Willem J. Kolff and is manufactured exclusively by Travenol Laboratories, Inc., Morton Grove, Ill.

THE ARTIFICIAL KIDNEY



ROUTE OF THE PATIENT'S BLOOD THROUGH THE ARTIFICIAL KIDNEY

Blood drains via a cannula in the radial artery (1) into plastic tubing. It passes through a pump, moves along two plastic tubes (2), and enters two cellophane tubes coiled in the dialyzing bath. As it circulates around the coil (3) an exchange of dialyzable substances takes place between it and the dialyzing fluid. (CO_2 and O_2 bubbling into the bath help maintain a normal blood pH of 7.4). Leaving the coil, the blood returns along two plastic tubes (4), passes through a filter, and re-enters the patient's body through a cannula (5) in the brachial (or other peripheral) vein.

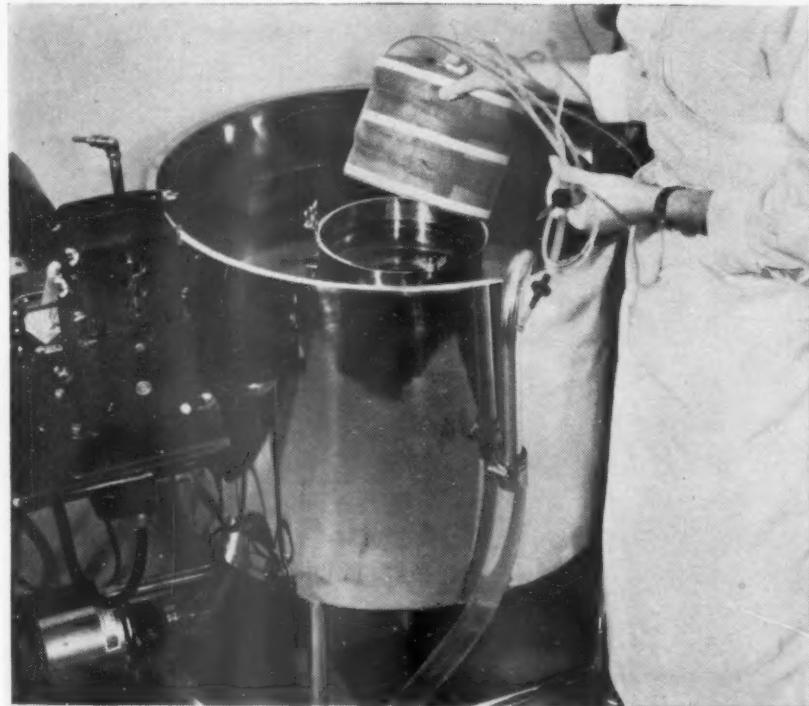
MACHINE IN FULL AND CLOSE-UP VIEWS

Right: Control panel, motors, pumps, and tub (rear) are mounted on a wheel-based frame.

Below: A nurse places the disposable coil and tubing into its container in the middle of the tub. The dialyzing bath is pumped up through the coil's layers, flows over the coil, then down into the tub. Plastic tubes in the nurse's hands will be attached to tubing leading from the patient's artery and vein.



More ►



THE ARTIFICIAL KIDNEY



PREPARING for hemodialysis, Miss Blaha assists Dr. Black as he gets ready to insert cannulas into artery and vein of patient's right arm. ECG leads (see ankles and wrist) have been attached.



STARTING hemodialysis, Miss Blaha calls out successive B.P. readings until pressure stabilizes. Note dialyzing tub (lower right) with transparent cover and light so team can watch color of bath.



ENDING hemodialysis, Miss Blaha gives patient water while Dr. Black takes blood sample from inflow tubing to check on patient's clotting time. He'll inject protamine to counteract heparin.

The coiled cellophane allows only the desired ions and molecules to move from the patient's blood into the dialyzing bath. Likewise, desired ions and molecules from the dialyzing bath move into the blood. (See diagram on page 42.)

Note that while the blood gives up ions and molecules of unwanted substances, it retains its cells and protein molecules because they can't pass through the tiny pores in the cellophane.

Blood Not Contaminated

Similarly, viruses and bacteria in the dialyzing bath can't pass through these pores. But ions and molecules of needed sodium, potassium, glucose, and other substances can. Thus the blood is kept free of contaminants while receiving these needed substances from the bath.

Dr. Black pointed out that the artificial kidney can also remove excess water from the blood by a process called ultrafiltration. To get this result, the operator increases the pressure under which the blood flows through the machine.

Using a higher pressure has a second advantage, Dr. Black said: It prevents the blood from

absorbing water from the dialyzing bath, thus protecting the patient from possible overhydration.

Nursing Care

Now let's join Miss Blaha to observe the nursing care of a patient treated by means of hemodialysis. These are the steps she and the doctors take:

1. Preparing for hemodialysis.

Miss Blaha checks needed supplies and equipment in the kidney room. These include medications such as heparin, protamine, and Levophed; and oxygen, suction, and blood-pressure apparatus. She also sets up a cut-down and a suture tray.

Doctors prepare the artificial kidney, priming and testing it with donor blood. They have blood on hand for emergency use in case of a leak in the cellophane or a dangerous fall in the patient's blood pressure.

When the patient arrives, Miss Blaha takes his weight. This is used to (1) determine the correct dosage of heparin he should get initially, and (2) serve as an index for checking the amount of water extracted from his body during dialysis. (Heparin pre-

THE ARTIFICIAL KIDNEY

vents the blood from clotting as it circulates through the machine.)

Miss Blaha makes the patient comfortable in the kidney-room bed. If he's conscious he may want, and can have, small amounts of fluid by mouth. He may want to void. (Most uremic patients have frequency and urgency.) And he'll need reassurance and simple explanations of what's happening.

Soon the doctors attach ECG leads to the patient. Miss Blaha helps them prepare for the cut-down and insertion of cannulas into the artery and vein of one arm. As they make a final check of the artificial kidney, she tapes a stethoscope to the patient's free arm.

Next she starts recording the patient's vital signs, I&O, and

any other data the doctors want. Finally, everything is ready and the command is given: "Machine on."

2. Starting hemodialysis.

As the machine starts, Miss Blaha calls out blood-pressure readings in rapid sequence so the doctors can regulate the flow of blood into the machine. The patient often shows hypotension at first, for it takes some 1,100 ml. of blood to fill the circuit. Too rapid an ultrafiltration can also cause hypotension, but doctors control this by adjusting the hydrostatic pressure.

After the B.P. readings stabilize, Miss Blaha checks them every fifteen minutes. The hemodialysis will continue for six to eight hours, so she turns her attention to making the patient comfortable. [More on 76]

H eavenly nightmare

The hospital pharmacist was being paged over the public address system when my patient—just back from the O.R. and still groggy from the anesthesia—began to mumble excitedly and thrash about like a man pursued by spirits. The reason for his panic struck me all of a sudden when the pharmacist's name was blared forth anew: "Calling Mr. St. Peter . . . Mr. St. Peter, please . . ."—JANICE CAMPBELL, R.N.

How to Quit Your Job

Years ago when I was a fresh young graduate (and I do mean fresh!), I stomped into my supervisor's office and told her off in terms that still make me uncomfortable when I recall them. Then I stomped out.

I was sorry the minute I closed the door behind me. But I was too proud to go back and apologize. Anyway, I knew an apology wouldn't erase the bad impression I'd made.

As the years passed I specialized in pediatrics, and I worked hard to move ahead. After a time I heard of an opening as assistant to the director of nursing of a children's hospital. I felt I was ready for it, so I sent a copy of my record in pediatrics.

The director called me for an interview. But, she said, before making her final decision, she wanted to see recommendations from *all* the employers I'd ever worked for. I had no choice but to give her the name of the woman I'd so foolishly told off.

"Now," I thought, "my prize



**Often the way you leave
a job is as important to your
future as the record
you make while working**

BY MARTHA DUDLEY, R.N.

HOW TO QUIT YOUR JOB

goof has finally caught up with me."

And it had—for I didn't get the job.

I recalled this unhappy experience just recently when I heard a placement director say: "Never forget that the work history of every job you hold goes with you over the years. If you leave a job under unpleasant circumstances, your employer will find it a lot easier to remember this unpleasantness than to remember the good work you did. The moral is to spend almost as much time and effort in resigning from a position as you spend in finding a new one."

Now let's suppose *you* plan to make a job change (and who doesn't at one time or another!). Just what steps should you take to leave the best possible impression behind you?

Here's a summary of points I've picked up from a number of placement directors, administrators, and nurse supervisors:

Don't quit a job before you've lined up another.

Don't, that is, unless you have an air-tight reason, such as illness. If you disregard this, a prospective employer is likely to wonder: "Why is she unem-

ployed? Why did she leave her last job? Was she about to get fired? Would she be a poor employment risk for me, too?"

Try to stay on a job for at least a year, preferably two.

Nursing directors take a dim view of nurses who flit from job to job. They're not going to hire R.N.s with erratic employment records except as the very last choice.

A top-notch counselor says: "Even if a job is hard to put up with, the nurse should generally stay at least a year to safeguard her professional future. Incidentally, if she does this, instead of walking out, she may well find ways to improve even a seemingly hopeless situation."

Never tell anyone you're planning to quit, not even a close friend.

You may simply be looking around because you're dissatisfied, or you may have a job offer in hand. But if you discuss it with anyone, the grapevine will soon carry the word to the nursing office. And you can imagine how this news will go over with the director!

At best she'll feel hurt because you didn't come to her first. At worst she'll look around for a re-

placement. And you *could* wind up getting your notice at just about the time you'd decided to stay put!

Hold up on final acceptance of a new job until after you've told your employer.

More than once a nursing di-

High School Pre-Nursing Pays Off

By Vivian L. Legge, R.N.

When a shortage of nurses and nurses' aides plagued fast-growing Dayton, Ohio (pop. 244,000), officials at John H. Patterson Cooperative High School decided to give local hospitals some help. They started on-the-job training to interest girls in nursing.

That was in 1954. Today, 104 girls are enrolled in this unique high-school program, which gives each girl two years of practical hospital experience as a "co-op aide." Here's how the program works:

A girl enters Patterson High in her sophomore year and studies biology and nursing along with her other subjects. Later, physiology, chemistry, and physics are added.

In her junior and senior years she alternates between hospital work and the classroom, on a twelve-month basis. She works under a supervisor at the hospital and she receives an aide's pay. She's rotated through medical, surgical, and obstetrical nursing, and serves in central supply.

Says Mary Lower, R.N., hospital service coordinator: "Three-fourths of our graduates are now in nursing or technical schools, or have graduated from them. And only three girls have ever dropped out. We believe this shows that a high-school nursing program helps interest girls in nursing as a career and helps reduce the number who leave nursing school."

END

HOW TO QUIT YOUR JOB

rector faced with the loss of a competent R.N. has found ways to meet the nurse's dissatisfactions and keep her on. Sometimes a general up-grading or a personal promotion is just around the corner but not yet ready for announcing. In such a case, you may be happy to stay on.

The thing to keep in mind is that if you accept a new job before you resign your present one, your employer may well put you down in his book as unreliable. And you can note in *your* book, too, that you'll probably never be able to go back to *him* for a job! Even your new employer may learn of your action and be prejudiced by it against you.

Never use a job offer as a club to help you get a promotion.

If you do, you'll generate resentment in your employer by one of the quickest means known. More than one person has later been eased out of a job for having tried this device.

Assume now that you have that wonderful new job you wanted, all sewed up in writing. Maybe you feel like quitting your present job right now—without giving adequate notice—and enjoying that between-jobs vacation.

Don't do it! Instead of running off irresponsibly, take time first to do these five important and essential things:

¶ Give sufficient notice.

Two weeks is enough if you're on general duty, though a month is better. If your employer asks you to stay longer to help break in a replacement or finish a special project, do so if possible. He'll appreciate it; and in most cases, your new employer will respect you all the more.

¶ Recommend a successor.

"This is particularly wise if you've come to your employer with complaints," says a director of visiting nurse service. "It shows that you can be constructive as well as critical."

¶ Give a good REASON for resigning.

If you've been offered what you consider to be a better position, that's the best possible reason you can give. But there are others. The idea is to give *some* logical explanation that will salve your employer's pride.

Says a job counselor: "Any of the following reasons are acceptable: illness in the family, transfer of your husband or other family breadwinner, plans to further your education, a desire to

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return to your home locale—and, of course, pregnancy."

¶ *Write an appropriate LETTER of resignation.*

Employers appreciate this courtesy. So do a neat job of it and keep copies for your own record. The accompanying sam-

Your address
August 28, 1959

Miss Jane Doe, R.N.
Director of Nursing Service
Blank Hospital
Blank, Pa.

Dear Miss Doe:

This is to give you two weeks' notice of my intention to resign my position as a general duty nurse on the medical-surgical unit of Blank Hospital. I've been offered the position of team leader at Follingsgate Memorial, to begin Oct. 1.

I do hope you'll find it convenient to end my employment here on Sept. 11, or shortly thereafter, for I'd like to have the remainder of the month free before starting at Follingsgate.

May I recommend Miss Mary Smith as my replacement? Miss Smith is a recent graduate of my home school and is interested in general duty nursing here. Her address is 1221 Main St., Pearson, Pa. Her phone number is EVERgreen 2-4334.

Please accept my sincere thanks for all your help and for the many kindnesses you've shown me during my enjoyable three years at Blank Hospital.

Respectfully,

Mary F. Mason, R.N.

HOW TO QUIT YOUR JOB

ple letter illustrates the major points you'll want to cover.

¶ Present your letter in person.

The story a nursing director told me illustrates the employer's attitude on this matter: "One of our nurses decided to take a job she was offered while vacationing in Florida. She phoned me immediately, then she came in to see me as soon as she had returned. I've always respected her for taking both steps. Except in unusual circumstances, it's always better to resign in person than to do it by telephone or mail."

Tell your immediate supervisor as well as your employer.

The nursing director may have hired you, but it's courteous to let your head nurse and your supervisor know your plans. And if any friends have helped with your job-hunting, they'll want to know too.

Inform the PC & PS (professional counseling and placement service) of your state nurses' association.

At your request this service obtains a reference from your employer for addition to your permanent file. Otherwise, you may have to ask the employer for a recommendation every time you change jobs. Some administrators are reluctant to write more than one letter for each employee.

Do your job until you're off the job.

Remember that you're still working for a pay check. Even more important, you're working for the record. So clear up all the odds and ends you can, and brief your head nurse and supervisor on anything you must leave undone. If your replacement arrives before you go, help her to get started.

[More on 84]

Anatomical indifference

My ex-Navy orderly at the V.A. hospital always referred to the bathroom as the "head." I soon got used to the term—except when he'd wake up a patient and say, "Out of the sack, Mac. You're gonna get an enema in the head."

—MARTHA HOWARD, R.N.



ALLERGY DRUGS:

New Weapons in an Age-Old War

BY MORTON J. RODMAN, Ph.D.

Ever since man began, he's been bedeviled by allergic reactions that hit at his eyes, ears, nose, throat, skin, and lungs.

Allergy knows no season. It can strike at any time and at almost any organ. It can appear as a simple hay fever or as a fatal asthma. It can cause one person to sneeze for a day. It can cause another to suffer for years from an itch that never gets better, never gets worse, never goes away.

Worst of all, allergy can kill a person within minutes after exposure to something that's relatively harmless to most of us. For instance:

Some time this summer you'll probably read the usual horrifying news story about a man or woman who died from the sting of a wasp or a bee. And you'll probably wonder, as you often did in the past, whether the story's true.

It probably *is* true; for about fifty persons die in the U. S. each year from allergic reaction to insect bites or stings. And many doctors believe that dozens of additional persons die from the same cause, though their deaths are reported as due to other causes.

In many cases these hypersen-

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ALLERGY DRUGS: NEW WEAPONS IN OLD WAR

sitive victims could have been saved if the powerful drugs that fight allergy had been given them in time.

Just what happens when we have an allergy attack? And just how do drugs relieve it?

It's impossible to answer these questions fully, since there are many types of allergy, and medical science still has a lot to learn about them. But we *can* consider some of the simpler allergic reactions.

► Some Anti-Allergy Agents ◄

Each entry on this list starts with the official or generic name of the drug, followed in parentheses by its trade name(s) or synonym(s).

Histamine Antagonizing Agents

Bromdiphenhydramine HCl (Ambodryl)
Carbinoxamine Maleate, N.N.D. (Clistin)
Dextro-chlorpheniramine (Polaramine)
Isothipendyl HCl (Theruhistin)
Methafurylene Maleate (Foramalin)
Parabromdylamine Maleate (Dimetane)
Pyrathiazine HCl, N.N.D. (Pyrrolazote)
Tripolidine HCl (Actidil)

Adrenergic Bronchodilator Drugs

Ephedrine Sulfate, U.S.P. (Isofedrol, et al.)
Epinephrine HCl, U.S.P. (Adrenalin, Suprarenin, et al.)
Ethylnorepinephrine HCl (Butanefrine, Bronkephrine)
Isoproterenol HCl, U.S.P. (Aludrine, Isuprel)
Isoproterenol Sulfate, N.N.D. (Isonorine, Norisodrine)
Methoxphenamine HCl, N.N.D. (Orthoxine)
Protocatechyl Alcohol HCl (Caytine)
Pseudoephedrine HCl (Sudafed)

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Allergy is closely tied to immunity, the mechanism the body uses to fight infection. In both allergy and immunity, the body tissues react to any foreign matter the first time it enters the body and they come in contact

with it. In subsequent contacts, they react still further. Thus:

¶ When any foreign protein, called an antigen, enters the body, the tissues form antibodies to oppose it.

¶ As these antibodies are pro-

Adrenergic Nasal Vasoconstrictors

Cyclopentamine HCl, N.N.D. (Clopame)
Hydroxyamphetamine HBr., N.N.D. (Paredrine)
Mephenteramine Sulfate, U.S.P. (Wyamine)
Methylhexaneamine, N.N.D. (Forthane)
Naphazoline HCl, N.F. (Privine)
Phenylpropanolamine HCl, N.N.D. (Propadrine)
Phenylpropylmethylamine HCl, N.N.D. (Vonedrine)
Propylhexedrine, U.S.P. (Benzedrex)
Tetrahydrozoline HCl, N.N.D. (Tyzine)
Tuaminoheptane, N.N.D. (Tuamine)

Synthetic Corticosteroids

Dexamethasone (Decadron, Deronil)
Fludrocortisone Acetate, N.N.D. (Aflorone, Florinef, F Cortef)
Methylprednisolone, N.N.D. (Medrol)
Prednisolone, N.N.D. (Delta Cortef, Hydeltra, Meticortelone)
Prednisone, N.N.D. (Deltasone, Deltra, Meticorten)
Triamcinolone (Aristocort, Kenacort)

Miscellaneous Allergy-Treating Agents

Aminophylline, U.S.P. (Theophylline ethylenediamine)
Corticotropin, N.N.D. (Acthar, Cortrophin)
Diphylline, N.N.D. (Neothylline)
Histaminase (Torantil)
Oxytriphylline, N.N.D. (Choledyl)
Penicillinase (Neutrapen)
Theophylline Methylglucamine, N.N.D. (Glucophylline)

ALLERGY DRUGS: NEW WEAPONS IN OLD WAR

duced, they act to neutralize any foreign protein still in the body or introduced later.

¶ The antibodies may then circulate in the blood, or they may remain attached to the tissue cells.

¶ The next time any of this foreign protein enters the body, the antibodies attack it at once.

Watch That Reaction

This immune reaction is important. It helps the body overcome such disease-producing antigens as germs and their products. But often it may actually *cause* illness. For the battle between antibodies and antigens may release chemicals that get into the blood stream or strike direct at such tissues as smooth muscle cells, capillaries, and glands.

The most violent of these immune reactions is anaphylaxis. It's caused by the union of antigens and antibodies in an individual who is highly sensitive (allergic) to the specific antigen introduced. Penicillin, horse serum, and the poisons of certain insects are among the substances that may trigger this reaction.

Researchers have been able to produce anaphylactic-like symp-

toms by intravenous injections of histamine. So they think that anaphylaxis is brought on when the body releases its own histamine or histamine-like substances into the blood. The histamine causes dyspnea, cough, cyanosis, and edema of tissues that may prove to be fatal.

Obviously, in such cases, quick action is needed. If given promptly, such allergy-fighting drugs as antihistamines, epinephrine, or intravenous steroids can save the patient.

Fortunately, anaphylactic reaction is rare. Usually the union of antigens and antibodies is localized in certain tissues such as the bronchi, the membranes of the nose and the eyes, and the skin.

Drugs Bring Relief

Breathing the pollen of various grasses or of ragweed, for instance, may cause seasonal asthma or hayfever. Eating eggs or shellfish may cause hives or giant (angioneurotic) swellings. In such cases the *local* release of histamine by the body produces these symptoms. And the prompt use of antihistamines or other anti-allergy drugs usually brings relief.

Doctors discovered the first antihistamines about a dozen years ago. These chemicals prevent allergy-liberated histamine from getting at the tissues and producing allergic effects.

Blockade by the antihistamine drugs can give relief from nasal allergy symptoms to nearly 90 per cent of hay-fever sufferers. The drugs are also good against hives and other skin reactions. When taken as tablets or applied as an ointment, they often relieve intense itching and keep patients

from scratching themselves into a secondary infection.

The early antihistamines made some people groggy and sleepy. They also had other side effects. So scientists continued their experiments to improve them.

Recently they've developed several new compounds, including dextro-chlorpheniramine (Polaramine), parabromdylamine (Dimetane), and tripolidine (Actidil).

In spite of their many uses, the antihistamines have proved dis-



DOLLS FOR THE DEAN

Many nurses from many lands send colorful dolls to Dean Lulu Wolfe Hassenplug, internationally known nursing educator. Here she and her husband admire some recent gifts from friends abroad. The dean is head of nursing education at the University of California (Los Angeles). She started her collection back in 1937 while studying in Europe.

END

ALLERGY DRUGS: NEW WEAPONS IN OLD WAR

appointing in treating asthma. For they dry up bronchial secretions and make it harder for the patient to breathe. So doctors prefer to use bronchodilators in treating lung allergy. These drugs relax the muscles in the walls of constricted air passages, thus widening them.

Epinephrine (Adrenalin) has proved to be the best bronchial antispasmodic to use in an emergency. In an acute asthma attack, it can be injected under the skin. Similar compounds can also be delivered directly to the lungs in an aerosol mist. One moment the patient will seem to be

'Miracle Operation' For the Deaf

By Madge P. McGregor, R.N., and
Doris M. Stromquist, R.N.

During the past few years, surgical staffs at dozens of hospitals have learned the stapes mobilization technique and are now doing this publicly acclaimed "miracle operation." If you're not yet acquainted with the stapes mobilization, these facts will bring you up to date:

The Defect: In a normal person, the ossicular chain (malleus, incus, and stapes bones) transmits vibrations from the eardrum to the inner ear. But otosclerosis (formation of bone) may weld the stapes to the oval window of the middle ear in which it fits. This immobilized stapes then prevents the ossicular chain from vibrating effectively.

The Operation: Surgeons tried freeing the stapes as early as 1876. But they had no way of seeing the minute bone formations they had to cut from between the stapes and the oval window.

Today the surgeon simply dissects half the eardrum out of its bed and moves it to one side. He can then see

smothering; the next, he'll be breathing freely again.

But epinephrine and related drugs such as isoproterenol (Isuprel and others) have their drawbacks. They can't be given orally; and in chronic cases they often tend to lose their power. Sometimes they set the patient's

heart palpitating and raise his blood pressure.

Chemists have continued their work on these adrenergic agents. One chemical relative they've recently introduced, called protocatechuyl alcohol (Caytine), can be injected or given as a mist in an emergency. It works within

the fixed stapes through an electromicroscope that magnifies up to forty times.

He gives the patient a local anesthetic before starting, and often completes the delicate operation in about forty-five minutes. The patient is usually released after an overnight stay at the hospital, so he requires little nursing care.

The Result: About 40 to 50 per cent of mobilizations restore hearing, though some hospitals report much higher percentages. Even in severe cases, some operations have brought the hearing back to within fifteen decibels of normal.

Most mobilizations have been done so recently that doctors have yet to find out just how long the hearing improvement lasts. But they say that if otosclerosis fixation recurs, the operation can probably be repeated.

To the patient who has been living in a near-silent world, a successful mobilization seems miraculous. During the operation he faintly feels the surgeon's tool and faintly hears the surgeon's voice. Then at the instant the stapes is freed, he suddenly hears the weird sounds the instrument makes; and the surgeon's voice comes to him in clear, normal speech.

This happens only part of the time, of course. But when it does, patient, surgeon, and O.R. nurse enjoy their moment of victory to the fullest.

END

ALLERGY DRUGS: NEW WEAPONS IN OLD WAR

minutes. And it's said to be good in tablet form for long-range treatment of chronic asthma.

Another group, the corticosteroids, are also effective in treating severe asthma. High doses have helped tide patients over the acute stages of allergic attacks. No one knows just how these adrenal steroids work. But somehow they keep sensitive tissues from flaring up.

The swift fire-fighting action of the steroids is dramatic and often life-saving. But long-continued treatment is sometimes just as important to the patient. And the treatment has many hazards.

Widespread use of the first steroids, introduced a decade ago, showed doctors and nurses what reactions to look for. Now synthetic steroids are available that are claimed more powerful as well as safer than the earlier adrenal hormones.

Of course, it's still up to the doctor to adjust dosage carefully. And the nurse has to watch her patients closely for signs of overdosage.

Today more than 17,000,000 Americans suffer from allergy. The allergy drugs help them greatly by minimizing their reactions to antigen attack. But the allergy drugs, with one exception, don't actually fight the allergy-producing antigens.

So far, only one drug has been developed to hit a specific antigen, and that drug is penicillinase (Neutrapen). Penicillinase is injected into the patient who's suffering a penicillin reaction. The drug quickly seeks out and destroys the penicillin antibiotic. Then, as the level of penicillin in the blood and body tissues drops, the patient's symptoms usually disappear. Penicillinase thus helps solve the serious penicillin-allergy problem. [More on 85]

Scary interview

Capt. Florence Grillot, Army Nurse Corpse, will be in Asheville Monday . . . to interview qualified nurses for Army service.

—FROM THE ASHEVILLE (N.C.) CITIZEN-TIMES

10-STRIKE

at St. Raphael's



**The Shadows, The Cut-ups, and other
staff members of this hospital bowl
their way to happier on-duty relationships**

BY ELEANOR F. POWERS, R.N.

You know how it is in a large hospital: There's little chance to meet fellow nurses in other departments. There's even less chance to meet staff doctors, technicians, therapists, students, and secretaries. As a result, we remain strangers on the same staff year after year.

During my duty hours at The Hospital of St. Raphael in New Haven, Conn., I often phone

various departments on business. But for fifteen years I had little chance to make friends among those I talked to—until a wonderful idea caught on.

The notice that went up on our bulletin board one day didn't seem so wonderful. It read:

THOSE INTERESTED IN FORMING
A BOWLING LEAGUE, PLEASE

SIGN BELOW

Not many signed at first. But

10-STRIKE AT ST. RAPHAEL'S

then the list of names got longer. Nurses, doctors, orderlies, technicians, maintenance men—everybody, it seemed—wanted to bowl.

Our first meeting at the alleys was only a get-acquainted affair. But so many people turned out that we organized a fourteen-team league.

Zeal Continues

For about three years now, that first-night enthusiasm has continued. We talk bowling over our daily coffee; and, like a bunch of kids, we look forward eagerly to the fun, friendship, competition and relaxation of Friday night at the bowling alleys. Even some of the P.M. nurses swap nights-off with non-bowlers so they can join the fun.

Nearly every department has its own team, and each team is aptly named. Anesthesia sends The Gas-House Gang; pediatrics, The Midgets; X-ray, The Shadows; surgery, The Cut-ups.

Although most of us were green, we soon learned to handle the small duck-pin balls shown in the picture on page 61. (Bottle-pin bowling with large balls isn't very popular in New England.) And we soon

made friends. In fact, bowling does so much for staff morale at the hospital that we call the idea our 10-strike.

For one thing, it breaks down the barrier of formality that often exists between foreign-background personnel and American-born staff members. (Our staff is typical of many today. It includes nurses, doctors, technicians, and others from a dozen foreign countries.)

For another thing, bowling gives us a chance to talk shop. So we now understand one another's problems better.

Informality Rules

When we're at the alleys, first-name-only is the rule. And the friendly feeling of this relationship continues in our hospital work. Personally, I find it heart-warming to greet a fellow bowler in the corridor—whether he's an electrician, an orderly, a doctor, or the hospital chaplain.

I often wish every hospital could have a bowling league like ours. Surely no other activity is so rewarding. But *any* social activity that draws staff members closer together is rewarding—for where your pleasure is, there your heart is. END

How We Help Our



Pediatric Patients

Solving the parent-centered emotional needs of children isn't easy, but it *can* be done—like this

By Margaret Crump, R.N.

It's exciting to care for the children who spend even a small part of their precious, formative years in the pediatric department of a hospital. They come to us with open minds and hearts, and they bring resiliency and their own special brand of joy and sorrow, serenity and fear.

They also bring a problem of deep psychological significance.

This problem is so important that if a hospital ignores it, the basic integration of a child's personality may be seriously disturbed.

If you've ever done pediatric nursing, you've heard children make statements such as these:

"It's *not* lunch! It's dinner, 'cause that's what Mom says!"
"If Mama says you can take

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HOW WE HELP OUR PEDIATRIC PATIENTS



The author helps a young patient to become a good wheel chair "pilot" so that she can surprise her parents with her skill.

blood from my arm, you can. I don't think she will . . . but if she does, then you can."

"Don't you dare move me! How'll Mother and Daddy find me if I'm in a different place!"

On the surface, such childish statements seem meaningless. But they aren't. For they reveal the child's basic emotional need: *He must feel at all times during his hospital stay that he has the continued support and approval of his parents and has not been rejected by them.*

We at the University of Wisconsin Hospital are working hard to develop a program that helps meet this basic need by letting the child continue his normal emotional growth while he's with us. To do this we:

¶ Create an atmosphere that's attractive to youngsters and parents;

¶ Allow parents to visit at any time; and

¶ Meet the parent-centered emotional needs of our young patients with a special kind of nursing care.

The atmosphere of our pediatric unit makes itself felt the moment mother and child come through the door. Like this:

Tommy's mother pauses before entering. He feels her arm tighten about him. Tommy senses his mother's reluctance to move into the unknown. He thrusts out his lower lip and prepares to give vent to his sympathetic fright with a loud howl.

Tommy's mother steps forward, breathes deeply, and listens for a moment. She looks searchingly into my face as I come toward her, smiling. Her arms relax and she smiles back. Tommy hauls in his lip and relaxes too.

What is it that 4-year-old Tommy and his mother respond to so trustfully?

They smell the homelike aroma of gingersnaps, well-used toys, and freshly scrubbed floors. They hear the chatter of children, the clatter of toys and dishes, the faint sound of radio music. They see walls painted in pleasant colors, draperies at the windows, pictures that are fun for children to look at.

We Get Acquainted

I welcome Tommy and his mother by name, take the overnight bag, and lead them toward Tommy's room. On our way, I introduce them to several patients and to our head nurse. We stop for a look into the playroom where Dr. Jane is telling the kids a story.

Tommy's room is a small one—designed that way so he'll feel more at home. I show Tommy's mother the closet where Tommy will keep his belongings. I explain that he'll be taken to a special room for all treatments, even the most minor ones, so he'll always feel "safe" in the rooms where he eats, sleeps, and plays.

Tommy's mother helps him

into his pajamas and takes his temperature as I go for the scales. She stays with Tommy throughout the day while we ask questions and make the tests necessary to find out why he has pus in his urine.

He watches her closely all day long. Finally he's convinced that she really approves of us and what we're doing to him. He's convinced she really knows where he is and can come to him when he needs her.

He cries a little at bedtime, when he finds out she must leave. But he falls peacefully asleep when she promises to come back "bright and early so we can have breakfast together."

The second day, Tommy stays close to his mother most of the morning; but he does venture into some group games in the playroom.

He's On His Own

After lunch Tommy says: "Mama, the nurse says everyone rests for an hour now. You can go home for a while."

His mother says: "That's fine. When shall I come back?"

"Oh, when they take my urine. O.K.?"

Tommy's mother really feels

HOW WE HELP OUR PEDIATRIC PATIENTS

free to go home, now. She also feels she's still needed. The secure relationship between mother and son hasn't been severed by hospital protocol—or by a nurse who can't stand seeing anyone else do anything for her patients.

Fathers Count Too!

Once our small patients successfully make the transition from home to hospital (as Tommy did), parents may visit whenever they wish or whenever the child needs them. We encourage fathers as well as mothers to visit. We point out that the father's accustomed presence at bedtime is especially important.

We're constantly alert to help our patients overcome their emotional problems: homesickness, depression, and fear in particular. We know that by so doing we free them to use all their strength for getting well.

Each problem requires specific handling, of course, but the following incidents illustrate our procedure in a general way. (Note that we help the child adjust each time by referring to his mother or father.)

1. When the child is homesick:

This morning I make a conquest. It begins when I give 2-year-old Cindy her bath. Now she tugs at my skirt, follows me up the hall, her outstretched arms begging me to pick her up.

We find a toy she likes in the playroom. I give her a hug and tell her I'll be back soon. But she drops the toy and follows me out of the room.

Me and my shadow head for the nurse's station. "Can someone else do Jimmy's treatment?" I ask the head nurse. "Cindy's going to burst if she doesn't get some special loving pronto!"

"Of course," smiles the head nurse. So I scoop Cindy up and we march triumphantly to a rocking chair in a quiet corner.

Tears Sometimes Help

I talk about a little girl who wants her mommy, and about how lonesome a hospital is when mommy isn't there. The tears spill down Cindy's cheeks.

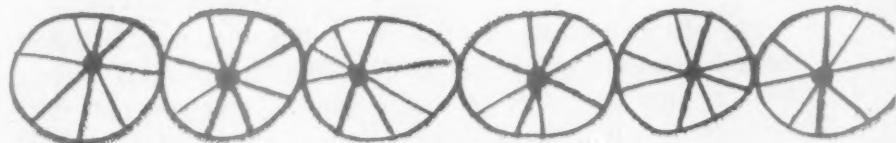
I talk about mommy doing her housework and all the time thinking how nice it'll be to come see Cindy after a while. Gradually Cindy's tears quit falling. She snuggles up and goes to sleep.

2. When the child is depressed:

Ten-year-old Phoebe doesn't care for breakfast and she doesn't care to do the jigsaw puzzle. She doesn't care to take a bath and she doesn't care if her dress for today is yellow or blue. She sits in the center of her bed with her eyes downcast and answers all questions with "I don't care!"

Phoebe is scheduled to go to surgery at 2 P.M. for cosmetic repair of a scar from a bad burn on her arm. I think perhaps she's frightened and I try to reassure her. When this doesn't seem to help, I try still another approach:

"I'm sorry I tried to cheer you, Phoebe. I realize now that you're



NURSES ON WHEELS

►There's nothing slow about the R.N.s of Haderslev, Denmark, who decided that walking the long hospital corridors took too much time. Now they speed to rooms on foot-pumped scooters—blue for the men's department and red for the women's. They park their "running wheel," as they call it, outside the patient's room. (Note the handy basket for carrying supplies.)

END



HOW WE HELP OUR PEDIATRIC PATIENTS

too unhappy for such nonsense. Can you tell me why?"

"How do you know I'm unhappy? You're only a nurse. You can't help me at all."

"It must be a big problem. Would you like to phone your mother and talk to her about it?"

"She's part of the problem! That's why it's the biggest problem ever. I'll tell you and you'll see."

She tells me proudly that last week her teacher picked her to help arrange the books on the desks. This is the very morning she was supposed to help. She says: "I told Mama I had to be in school today but she said Miss Thiel won't even miss me because the other kids will fix the books. Well, if I can't help her, nothing else matters, not ever."

We Solve a Problem

I think for a moment and then say: "How'll it be if I call Miss Thiel? You can talk to her and tell her why you can't be there. Then we'll call your mother and you can let her know everything's all right."

"Gee, that's swell! You know, when you take on a job, you really have to let people know why you can't do it. Aren't I

right? Mama should know that, shouldn't she? I guess she was worried about me and just wasn't thinking."

Phoebe's head is up now and her eyes are bright. She says: "You know what? I'm hungry. And I guess I do need a bath. Gee, there's lots to do before Mama and Daddy come!"

'I Don't Like You!'

3. *When the child is fearful:*

Later in the day I make an enemy. Three-year-old Bobby shouts "Go 'way! I don't like you!"

I sit on a near-by chair, alongside Jeff's bed, and say, "Bobby, I'm sorry it hurt when I gave you that needle."

He glares at me: "You hurt me and I'm gonna tell my Mommy!"

I yearn to help him separate his hurt bottom from his ability to like himself and others. Then Jeff says "You could tell us a story," and I realize he's caught up in the feelings Bobby and I are having.

I tell a story to remind the boys of life outside the hospital. It's about a trip downtown on the bus with mother. Bobby says, "Pooh, that's nothing. When

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Mommy takes *me* on the bus, we go right past the *fire station!*"

Bobby doesn't fear me now, for he's had a chance to put me

in my place. His comment gives me an opening to help rebuild his confidence some more by praising him. Soon [More on 89]

Our Nurses Punch Time Clocks—and Like It!

By Lester H. Wehner

At Lutheran Medical Center (Omaha, Neb.) we used to provide the usual meals and laundry service as a part of the monthly salary. And we paid part-time nurses 1/30th of the monthly rate per day.

Many nurses didn't use their meal and laundry benefits, and this caused dissatisfaction with the method of pay. So after careful study we put in time clocks. Now everyone punches in and out, and likes it—because the administration made a better-than-fair exchange.

First, we converted to an hourly rate based on a 40-hour week. Second, we stopped laundry and meal benefits and started serving meals at cost. Third, we added a sum to the pay rate equal to the discontinued benefits. (A day's pay is now 1/22nd of the revised monthly rate.)

Other benefits include (a) vacations prorated according to our formula of two weeks a year for the first four years, three weeks thereafter; (b) one day's sick leave for each month worked, accruable to 30 days; and (c) six holidays a year.

Admittedly, some nurses feared at first that the new plan would "de-professionalize" them. But it has not done so. We've all seen the favorable results: Nurses who are happier because they receive better pay. END



'The Place to Get Well'

By Mary Tuomey, R.N.

Confronted by a desperately frightened child, many a hospital nurse has devoutly wished she had something more comforting to use than mere words.

This problem bothered Nurse Lilly Hoekstra for a long time. Now, as administrator of the St. Louis (Mo.) Children's Hospital, she has her answer.

Last fall Miss Hoekstra, two staff doctors, and two nurses conceived a color movie that would help make their hospital (and most others, for that matter) a familiar place to young patients before they entered it.

Friends contributed funds for the production, and a local film

company* wrote the script and did the shooting. Now the film, entitled "The Place to Get Well," is shown twice weekly to children scheduled for admission. (There's a daily ward showing for children who didn't have the opportunity to see it before admission.)

Parents and groups of youngsters, such as the Brownies and the Cub Scouts, are invited to the showings. Prints of the film are available to school nurses and interested community groups.

"The Place to Get Well" follows the experiences of a small boy named David from his visit to the doctor until he's discharged

*Premier Film and Recording Corp., St. Louis, Mo. Script quotations are used here by permission.



... sometimes your doctor can . . . get you well faster if you're in a hospital, where there is so much equipment and so many doctors and nurses . . . The nurse knows everything your doctor wants done to make you well."

from the hospital. The narrator tells the true-to-life story in terms easily understood by 4- to 12-year-olds.

The film successfully treats such problems as separation from parents, loneliness, pain, and anesthesia. There's an intriguing animated sequence "dreamed" by David's little friend, Doug, while he's under anesthetic.

The nurses of Children's Hospital are enthusiastic about this fear-dispelling aid. They've found the film useful, too, in promoting public support of the hospital and in orienting student nurses and R.N.s who join the staff.



... they took him to the operating room. Big, bright lights let the doctors see just exactly what they [were] doing. The people were 'all covered up,' too . . . but there isn't anything mysterious about it, as you can see."



... 'going home day' is a great time! It's kind of hard, saying goodbye to your friend and to the nurse who was so nice; but it's wonderful to know you are well... That's the wonderful thing about the Hospital . . . it's a good place to get well!"

END



for Your Patients!

How often do you hear patients say: "My lips are so dry!" And how easy it is to apply the soothing comfort of 'CHAP STICK.' This handy little bedside companion is specially medicated for "hospital lips." It's the first antiseptic lip balm. You'll be surprised how much your patients will welcome the relief that 'CHAP STICK' brings —how thankful they'll be to you for suggesting it. Use it on *your own lips*, when they're chapped or cracked by wind and weather.

FREE PROFESSIONAL SAMPLES

Mail this ad with your name and address printed in margin to:

CHAP STICK CO., LYNCHBURG, VA.



Makes your lips feel great!

Give Me the Surgical Floor Every Time!

Continued from 38

the learning opportunities and the chance to use their nursing skills.

"Much of the nursing effort on the medical floor goes into the care of long-term patients such as cardiacs and diabetics," says one R.N. "But on the surgical floor we have a variety of cases. So we learn more."

They Can Use Know-How

Half the nurses RN questioned say they have a chance to use more of their nursing knowledge in caring for surgical patients. A third say they're able to use more of their nursing skills.

Nurses like the surgeon-nurse relationship.

"There's real team spirit between surgeon and nurse," says one. "The doctor pays attention when you tell him about his patient's complaints. And he does something about them."

Many R.N.s add that surgeons appreciate their work more than medical men do.

Nurses enjoy being able to

plan and carry out their work.

"You know in advance what has to be done," says a Rhode Islander. "Best of all, the important things are planned and done first. There's no time to bicker about the little, undone things."

'Never a Dull Moment'

The surgical service is fast-paced, and most nurses like it that way.

"Never a dull moment!" says one R.N. (Though another admits: "I sometimes get a feeling I'm swamped, especially when a number of patients all come back from surgery at once!")

The surgical floor is better staffed and has better maintenance and equipment.

"It's easier to get part-time help for surgery than for the medical floor," claims a night supervisor. "The surgical floor is cleaner, more orderly, and better managed. What's more, you always find the equipment where it's supposed to be—and in working order, too!"

As might be expected, RN's inquiry shows, without exception, that the nurse who enjoys her work in surgery is the one who votes in favor of this service. She's the one who says enthusiastically, "Give me the surgical floor every time!"

END

The Disturbing Truth About Today's Nurses

She's up to her name pin in paperwork . . . has taken over many of the doctor's duties . . . is more concerned with book-keeping than back rubs or bed-pans. So today's R.N. works "backstage" . . . has become an executive forced to do her nursing by remote control—through "aides" and practical nurses. She's part of a profession torn by controversy over the shape of the future . . . and all the while the shortage of nurses becomes more acute. Today's registered nurse is an unfamiliar picture, but, says the current issue of McCall's, her new role might well be the better one for all concerned. Whatever the outcome, it's vitally important that all concerned fully understand this revolution in nursing. Be sure to read "Too Busy for Back Rubs" in September McCall's. Now on sale at all newsstands.

Announcing the 1960

RN AWARDS

*for original articles
written by registered nurses*

\$150 for the one article adjudged the best of those submitted

Up to \$100 for all other articles found acceptable for publication

You may write on *any* subject—preferably from your own experience—that you feel other nurses would like to read about. Looking through past issues of *RN* will help you get ideas. Examples of such ideas:

An experience with a patient that inspired you or taught you something;

A nursing technique or method you've learned that other nurses would find helpful;

How you (or a nurse you know) have successfully coped with a personal problem related, for example, to your pay or your professional advancement or your working conditions;

Some unusual and worthwhile step your local (or other) nurses' group has taken to help the nursing profession;

What it's like to work in a particular nursing specialty or to nurse in an unusual situation.

Your article will have the best chance of winning an Award (a) if it's chock-full of *specific examples, cases, anecdotes, and experiences*; (b) if it does not preach or lecture the reader; (c) if it's written conversationally and simply yet colorfully; (d) if it does not exceed 1,500 words.

* * *

Entries must be postmarked no later than Jan. 31, 1960, and addressed to *RN*, Oradell, N.J. Manuscripts should be typed, double-spaced, on one side of the paper, and accompanied by a self-addressed, stamped envelope.

All manuscripts will be acknowledged, but those rejected may not be returned until after the close of the contest. *RN*'s editors will be the judges; their decisions will be final.



for skin and scalp

unsurpassed broad-range
germicide plus unique detergent action
relieves scaling • flaking • itching • infection

BETADINE SHAMPOO safely and successfully treats seborrheic conditions characterized by erythema, scaling and exfoliation, excessive dandruff, and pruritus. BETADINE SHAMPOO, for daily over-all cleaning, is an effective prophylactic agent in preventing acute inflammatory skin conditions caused by pyogenic organisms, and an excellent adjuvant to systemic antibiotic therapy.

BETADINE SHAMPOO is "...an effective and an aesthetic form of therapy for patients with seborrheic dermatitis of the scalp and pyoderma of the skin."¹

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nonstaining • virtually nonirritating

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in seborrheic dermatitis: 1. Apply two teaspoonfuls of BETADINE SHAMPOO to hair and scalp, use warm water to lather. Rinse. 2. Again apply two teaspoonfuls of BETADINE SHAMPOO. Massage gently into scalp and allow to remain on the scalp for at least five minutes. 3. Work up lather to a rich yellow color, using warm water. Rinse scalp thoroughly. Repeat treatment twice weekly until improvement is noted.

in pyoderma: For prophylaxis, use nightly as a liquid cleanser on the entire body and leave on for five minutes, then rinse thoroughly.

supplied: BETADINE SHAMPOO in 4 oz. plastic squeeze bottle, complete with directions.

1. Frank, L.: Research Report 1.35

T established in 1905

TAILBY-NASON COMPANY, INC., Dover, Delaware

The Artificial Kidney

Continued from 46

His position is restricted because of the cannulas in his arm. If he tires, she helps him bend his legs or turn slightly from side to side. Massage also helps; and if he's diaphoretic, he probably needs, and will appreciate, a sponge bath and a change of linen. (Diarrhea may be still another nursing problem.)

Once he's comfortable, the patient usually falls asleep, lulled by the soft purring of the machine. But if he's critically ill or in a coma (as many patients are), Miss Blaha makes sure his breathing is unobstructed and he's receiving enough oxygen. If he has a tracheostomy, she's especially conscientious about suctioning him.

The patient receives repeated small doses of I.V. heparin, so the nurse is constantly alert for signs of hemorrhage. She carefully notes the amount of blood oozing from the cut-down or from any other incisions or wounds he may have.

She and the other members of

the kidney team also keep an eye on the dialyzing bath. If it starts to turn pink—the sign of a leak—the doctors clamp the cannulas, shut off the motor, and quickly replace the coil. Without this action, the patient could bleed to death in minutes.

As Miss Blaha settles down at her long bedside vigil, she carefully continues the records she started. She particularly notes every minim of output, including urine, blood, drainage from any tubes, and emesis. (Uremic patients are often nauseated.)

3. Ending hemodialysis.

During the final hours, the patient usually feels much improved and may take fluids or some food. Miss Blaha continues her B.P. readings and record-keeping, and she helps the doctors change the dialyzing bath about every two hours.

A doctor takes a blood sample from the inflow tubing at intervals to check on the patient's clotting time. He'll give protamine to counteract the anticoagulant action of heparin at the end of dialysis, if there is evidence of excessive oozing or bleeding.

Finally, the machine is shut off and hemodialysis ends. Miss Bla-

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An Ideal Antacid-Laxative



INIMITABLE...

Quality and demonstrated dependability for over three-quarters of a century... consistently and universally accepted above all others...the prestige of Phillips' Milk of Magnesia may be measured by the overwhelming majority of those who recommend it...the medical profession.



THE ARTIFICIAL KIDNEY

he helps the doctors disconnect the ECG leads and cannulas. They close the arterial cut-down but keep the venous one open for I.V. fluids. The patient is weighed again, then Miss Blaha wheels him back to his hospital room.

Here a round-the-clock nursing team takes over. These nurses are especially careful in regulating and recording intake and output. (They may need to use a medicine glass or a syringe to get an exact measure of urinary output.) They watch for any change in the patient's vital signs, and for bleeding.

Nurses at the Cleveland Clinic say it's always a problem to get a kidney patient to eat his low-protein (30 Gm.), high-calorie diet. Small, frequent feedings help, they find. Also, the patient will usually accept hard candies or butter balls coated with sugar or chocolate.

Recovery Begins

But eventually, the patient begins to enjoy eating, and he begins to void normal amounts of urine in one to four weeks after acute renal insufficiency. Soon he's ready to go home. *More*►

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“DIAPARENE PERI-ANAL is an efficient and safe agent in the prevention and treatment of perianal dermatitis”* . . . newborn “sore-bottom” due to loose, transitional stools and irritations caused by diarrhea or loose stools following oral antibiotic therapy.

*Grossman, Leo, “A New Specific Treatment for Perianal Dermatitis”, *Arch. Ped.*, 71:173-79, June, 1955

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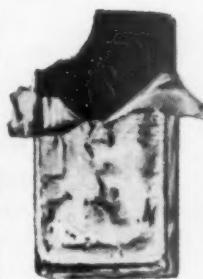
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No fights, no battles at vitamin time because children love to chew DELECTAVITES. These delectable, easily chewable chocolate nuggets supply all essential vitamins as well as minerals so necessary during the years of growth. As soon as children can chew, they can go directly from vitamin drops to DELECTAVITES. And, now you can be sure your little patients will follow your instructions about taking their daily vitamins.



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THE ARTIFICIAL KIDNEY

Says Miss Blaha: "Nursing the patient who so desperately needs the help of the artificial kidney is interesting and challenging work.

Few things can equal the thrill of knowing you've had a part in making such a patient's recovery possible."

END

Let's Go Slow With Transfusions

By Paul I. Hoxworth, M.D.

We're giving too many transfusions, especially single-unit transfusions. We're needlessly exposing patients to such dangers as incompatibility and disease transmission.

As I see it, this practice has grown from the fact that banked blood is so readily available. The doctor grasps at "blood" as an easy answer instead of asking himself: "What can I do to make a transfusion unnecessary?"

While the nurse can't make the decision for the doctor, she can help limit unnecessary transfusions by being sure to give the M.D. accurate information. For instance:

Suppose you take blood-pressure readings on a post-op patient and neglect to check the B.P. cuff for snug fit. The data you report to the doctor may then suggest hypotension due to blood loss; and the doctor may order blood.

Or suppose you check the patient's stool at the doctor's request. It's a bit off-color, so you report it as "tarry" when actually it isn't. Judging from this and other indications, the doctor may decide the patient is hemorrhaging. And again he may order blood unnecessarily.

We *can* cut down the number of unneeded transfusions. But to do so, we must make two firm resolutions:

1. The doctor must resolve to order blood only when the indications are conclusive.

2. The nurse must resolve to take extra pains when gathering data that affects the doctor's decision. END

thrill of
part in
recovery
END

TRAVAD is the first disposable enema that takes the patient into consideration, by adding convenience to effectiveness . . . 18" of flexible tubing permits either self-administration by the patient in the sitting position or conventional administration in the left lateral or knee-chest position . . . is so gentle that the patient is practically unaware of the introduction of fluid . . . cleans more thoroughly and consistently than two, one-quart tap water enemas . . . can be administered, retained and evacuated in less than 10 minutes*

Each 100 ml. contains: Sodium Dihydrogen Phosphate, 12 Gm. and Sodium Citrate, 10 Gm.



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* Weinstein, J. J.: Bowel Preparation for Anosigmoidoscopy with a Hydrogogue Enema. To be published.

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Softness

is the second most important
thing in her life...

KOTEX* with Wondersoft* Covering
prevents chafing, won't catch
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The same "softest ever" Kotex that most women prefer... but thicker, and a full 12 inches long. Leakproof edges protect patient's legs. Woven Wondersoft covering for added strength and security. High retention means fewer changes, lower cost per patient-day. Saves on linens, too. For the finest in post-partum care, see your Curity representative.



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*Reg. T. M. of the Kimberly-Clark Corp.



How to Quit Your Job

Continued from 52

Don't forget the little things.

Clean out your personal work areas, and say good-bye to everyone. It's more than good manners to make the rounds. It's proof you're leaving of your own accord and in good standing!

Don't sound off during the final days.

If you're leaving because you're unhappy, it's a great

temptation to blow off steam. But bear in mind that (1) your friends won't enjoy listening to your gripes about the place where *they* work, and (2) your remarks are sure to get back to your employer and destroy the goodwill you've built up.

The veteran director of a large city hospital sums up the importance of proper job-quitting in words worth remembering wherever you go: "The doors you close behind you don't stay closed. Someone opens them and looks at your record every time you apply for another job." END

How "hospital-tested" antiseptic cream Instantly Soothes Burning Feet! Stops Athlete's Foot, Skin Itch!



What a blessing when shoes come off hot, tender, work-weary feet...and soothing Ting goes on! This remarkable medicated cream cools burning skin as you rub it on...dries quickly to a powder that clings, thus continues to soothe for hours.

Antiseptic Ting even relieves Athlete's Foot itch instantly—as proved in hospital tests. Destroys fungi on 60-second contact. Aids healing of

cracked and peeling toes with wonderful speed. And in cases of skin itch due to harsh chemicals, oils, acids, cleaners—Ting is equally effective.

Ting is easy to apply, greaseless, stainless. You can put stockings on immediately after applying Ting Cream without fear of messy stains. Also keeps skin dry. Stops embarrassing foot odors, too.

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Allergy Drugs: New Weapons in an Age-Old War

Continued from 60

and makes antibiotic treatment safer.

Unfortunately, the researchers aren't likely to come up with specific antidotes for *all* allergens. There are too many of them. What's more, it's often hard to find the allergen that's actually causing the trouble, harder still

to find an antidote to fight it.

As in the past, the patient's best defense is the careful detective work of a skilled physician who uses tests of many kinds to pin down the offending allergens. When he does, he can often eliminate them from the patient's environment; or, if this isn't possible, he may be able to hyposensitize the patient by injection.

In either case, the patient can be grateful for the many allergy drugs—both old and new—that now help keep his symptoms so well under control and may even save his life.

END

WHEN A GENTLE, EFFECTIVE LAXATIVE IS REQUIRED

*many doctors recommend
Ex-Lax because it is non-irritating,¹ dependable
and seldom requires repeat dosage.*



... Phenolphthalein, the active ingredient in Ex-Lax, exerts its greatest effect upon the colon² ... acts gently, overnight ... in the morning produces a stool very much like normal.³ When a gentle, effective laxative is needed, Ex-Lax may be used with confidence. It may be safely given to the young and old as directed.⁴ Each tablet of Ex-Lax contains the equivalent of 1½ grains of standardized yellow phenolphthalein, biologically tested for effective action.

EX-LAX
IS GENTLE, EFFECTIVE



(1) Visek, W. J., et al: J. of Pharm. & Exper. Therapeutics July 1956, 117:347. (2) Goodman, L. & Gilman, A.: The Pharmacological Basis of Therapeutics, 2nd ed., Macmillan Co., 1956, p. 1054. (3) Beckman, H.: Drugs, Their Nature, Action and Use, W. H. Saunders Co., 1958, p. 440. (4) Blatt et al: J. of Ped., Vol. 22, No. 6, 1943, p. 725. Abramowitz, E. W.: Am. J. Dig. Dis., Vol. 17, No. 3, 1950, p. 81-82.



Uniform by Bob Evans

Restore Whiteness in uniforms— Use CALGONITE®

If a uniform has become yellow or gray from ordinary washing . . . if collars, cuffs and underarm areas are severely discolored or stained . . . then the uniform needs special reconditioning with Calgonite. CALGONITE soaks away stains and discoloration safely from Dacron*, and Dacron and cotton fabrics. Restores original whiteness.

Instructions for reconditioning are printed on the Calgonite box, available at your grocer.

(To learn how to keep them white, see the Calgon® ad on opposite page.) *Registered DuPont trademark



What's New in Drugs

These eight new products all act on the central nervous system, affecting the body and mind in a variety of ways:

Relaxant Fights Muscle-Spasm

Cycles: A new double-action drug called carisprodal (*Soma*) relaxes knotted muscles and dulls pain perception. This relaxant-analgesic action has led to its use in treating orthopedic patients and others suffering from stiff, sore muscles.

It's said to be especially valuable in conditions that set off cycles of muscular spasm and pain—for instance, when muscles and joints are inflamed by diseases such as arthritis and myositis, or as an aftermath of sprains and strains.

Soma reportedly gives long-lasting relief even when muscle spasm stems from brain injury, as in cerebral palsy.

Calm-Down Drugs for Many Needs:

Psychiatrists now have three new phenothiazine-type tranquilizers for treating a wide range of mental and emotional disorders.

Methoxypromazine (*Tentone*) is classified as mild, safe, and effective for use in office treatment of moderately anxious neurotics and

patients with psychosomatic symptoms.

Thioridazine (*Mellaril*) is being used to tone down tension and relieve restlessness in anxiety-ridden psychoneurotics. A reported advantage: It doesn't cause muscle twitches or tremors.

Trifluoperazine (*Stelazine*) quiets manic mental patients and arouses apathetic ones, doctors say. They report it helps them reach some chronically withdrawn psychotics who previously had never responded to treatment. When giving it, they keep close watch to prevent Parkinson-like symptoms.

Morning Help for Mothers-to-Be: Two new antiemetic agents, pipamazine (*Mornidine*) and trimethobenzamide (*Tigan*), are proving of value in preventing the morning-sickness syndrome of expectant mothers.

But the drugs' usefulness isn't limited to pregnancy nausea. They're said to be effective against vomiting caused by a variety of other conditions, too. For example, *Tigan* is being used to relieve motion sickness and *Mornidine* to prevent postoperative vomiting. Both reportedly combat the gastric distress of cancer patients receiving nitrogen-mustard drugs or radiotherapy.

How do they work? It's believed they dull certain brain cells sensitive to body chemicals that cause vomiting, thus making these cells



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Keep Whiteness in uniforms— Use CALGON®

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Just "clean" isn't good enough — when health is at stake Typical household detergents won't do the job May leave harmful residues Insist on using ALCONOX In your doctor's office In your hospital Be sure Your instruments, glassware and all equipment are

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Used on Every Floor!

- Removes blood, dirt, tissue — even from inaccessible or irregular surfaces.
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for a sample!

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WHAT'S NEW IN DRUGS

less reactive to vomiting stimuli. While doing this, according to reports, the drugs don't dull other parts of the brain, and they rarely make people drowsy.

Help for Weak-Willed Dieters:

Dieting patients who can't take amphetamine-type appetite suppressants can now get an assist from diethylpropion (*Tenuate, Tepanil*), a new appetite-center regulating drug.

When given to obese heart disease and hypertension patients, diethylpropion reduces the desire for food without raising pulse rates or blood pressure, say those who've given it. And it reportedly has no adverse effect on the blood sugar of overweight diabetics.

Another advantage: Weak-willed dieters who used to sneak a late snack can now take a diethylpropion pill instead—for it appears to stop hunger without keeping the dieter awake.

—MORTON J. RODMAN, PH.D.

Outstanding Editorial Opportunity

for R.N. interested in a career in journalism. Write full details about your qualifications to: Box NW, RN, Oradell, N.J.

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How We Help Our Pediatric Patients

Continued from 69

we're friends again. As I leave the room, he and Jeff are chattering about fire engines. We've all helped each other feel better . . .

So the day goes. As each nurse ends her shift, she writes detailed notes so she can pass along what she's learned about each child and his problems as he "told" those problems to her both through his actions and through his words.

First Things First

Nurses in obstetric departments sometimes say jokingly: "We've never lost a father!" In our pediatric department we say seriously and with a different meaning: "We know we've 'lost' some parents, but we always do the best we can to keep parents and patients first in our thinking."

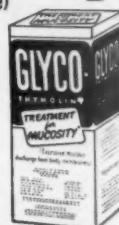
Because we help keep the normal parent-child relationship unbroken, our patients usually return to their homes as emotionally secure as they were when they came to share their lives with us.

END

Treatment for mucosity*

(excessive mucous discharge)

Recommended by
Gynecologists
AS AN ADJUNCT
in
FEMININE HYGIENE



GLYCO- THYMOLINE®

An alkaline cleansing solution
for soothing mucous membranes.

Used as a vaginal douche (as directed), Glyco-Thymoline is harmless to the most delicate membranes. Being an alkaline, non-irritating, cooling, deodorizing, mucus-removing, non-germicidal agent, Glyco-Thymoline may solve one of the most provable problems of the average woman . . . *fastidiousness*.

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Excessive Nasal Secretions
Throat Phlegm Denture Odor
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Rhinologists recommend Glyco-Thymoline highly for oral hygiene. Used as a rinse, gargle or nasal douche:

1. Removes germ-laden mucous secretions.
2. Helps tone up mucous membranes to resist infection.
3. Neutralizes acidity with an alkalinity quotient of pH 7.2 plus.
4. Relieves soreness— aids healing.
5. Refreshes as it cleans.
6. Suggest large economy size to your patients.
7. No Rx necessary.

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Middletown, New Jersey
Gentlemen: Please send me (free) sample
of Glyco-Thymoline

2

R.N.

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City _____ State _____

news

Continued from 30

relationship between blood type and these afflictions is stronger in men than in women.

Cooling Technique Halts

Gastric Bleeding

Local hypothermia has now been used effectively in controlling massive hematemesis from the duodenum, stomach, and esophagus.

Dr. Owen H. Wangensteen and associates of the University of Minnesota recently reported use of the following technique:

The patient swallows a balloon

attached to the end of a concentric double lumen tube. When the balloon is in the stomach, a hypothermia machine circulates a cooling solution, composed of equal parts of ethyl alcohol and ice water, in and out through the tube.

This cooling action, they say, stopped the bleeding in twelve of nineteen patients, making surgery unnecessary. It slowed the bleeding in the other patients.

Test Shows Heparin Eases Menstrual Pain

Heparin injections have been highly effective in relieving menstrual pain in twenty-three women, ages

Just what the doctor ordered

In the treatment of chronic constipation, often complicated by biliary stasis and impaired digestion, many of your doctors prescribe Caroid and Bile Salts Tablets with Phenolphthalein. They know that it is formulated to provide needed corrective therapy by its 3-way action:

1. Choleretic — stimulates the flow of bile.
2. Digestant — aids protein digestion.
3. Laxative — stimulant laxative for peristaltic action.

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news

15 to 30 years, says Dr. Stanley Wegryn.

He reports this as the preliminary finding of a test study now in progress at the Public Health Service Hospital in New Orleans.

All the women included in the study had previously suffered disabling primary dysmenorrhea.

Computer May Predict Cardiac Cases

In the future, a doctor may be able to spot the young adult who's likely to have a heart attack in middle age by running selected data through an electronic computer. The doctor may then help the patient avoid such an attack by (1) studying his metabolism for hidden causative factors, and (2) prescribing preventive measures.

That's the possibility raised by a recent report made to the American Medical Association by the New York University-Bellevue Medical Center. There a team of researchers headed by Dr. Menard

M. Gertler has done just such computer analyses of 100 male patients with coronary disease and 146 seemingly healthy men.

The computer predicted the men most likely and least likely to have early heart attacks "with an accuracy as high as 90 per cent," Dr. Gertler said.

Basic factors used in the complex calculations were (1) height; (2) mesomorphic index; (3) blood levels of uric acid, phospholipids, and cholesterol; and (4) the family's heart-disease history.

Dr. Gertler said the study shows that stocky, heavy-set persons are more prone to coronary heart disease than tall, thin ones; but, he adds, obesity isn't a significant factor unless high blood pressure also is present.

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1000



news

pick up the immunity viruses and become polio-immune yourself. That's the conclusion drawn from a year-long study made by Dr. Henry M. G. Gelfand of Tulane University.

Dr. Gelfand found that immunity viruses have been spreading in New Orleans among members of fifty-six families who've had contact with body wastes of orally immunized persons. In many cases, the immunized didn't wash their hands properly after using the bathroom, he said.

Polio immunity is usually spread from child to child, he added, rather than from child to adult or from

adult to child. And it spreads fastest in families with poor sanitary facilities.

capsules

Oxygen, given to **women in labor** via an airman's high-altitude mask, boosts the baby's blood-oxygen level, thus increasing his chance of survival, a University of Illinois study indicates . . .

Take it from the *Journal of Pediatrics*: **Prolonged chewing** (of bubble gum, for example) can cause acute swelling of a child's temporal muscles. Fortunately, as a rule, the

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swelling subsides overnight without treatment . . .

Open-heart surgery has been used successfully in the removal of a **benign heart tumor** from the left ventricle, the American Heart Association reports. It calls this first such operation on record . . .

Small-scale tests at National Institutes of Health and near-by children's clinic suggest that a single massive dose of Salk vaccine **speeds polio immunity** . . .

The American Law Institute proposes that **legal abortion** be allowed when two M.D.s certify either

that the patient's health is gravely endangered by her condition, or that the child might be defective, or that the pregnancy resulted from rape or incest . . .

A Federal **income tax break** for the working mother-to-be: She can now deduct sick pay received from the onset of labor till she's able to return to work . . .

A.M.A. and American Red Cross have officially approved **expired-air methods** of resuscitation (mouth-to-mouth, mouth-to-nose) as preferable to manual methods . . .

Patients at St. Luke's Hospital in

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96 RN · SEPTEMBER 1959



news

Jacksonville, Fla., can order **pre-breakfast** coffee and roll served at 6 A.M. Nurses say this snack makes them more cooperative. The cost: 12 cents . . .

The 23,000-member National Association for Practical Nurse Education has added the words **and Service** to its name and has abolished its rule that its president must be an R.N. . . .

Small daily doses of female hormones have produced good results in prolonging the lives of **heart-attack** victims of both sexes, studies at the University of Southern California show . . .

Two London M.D.s cite cases of nine mentally disturbed patients who habitually got **drunk on water**. Their intake of up to 35 pints a day so diluted their blood as to cause intoxicative symptoms . . .

A Yale study indicates that when given thinned-down live **polio virus by mouth**, children previously immunized by Salk shots are readily infected with subclinical polio while those with naturally acquired immunity resist the virus . . .

Except for lung cancer, **leukemia** now has the fastest-mounting death rate among all forms of malignancy; and it now kills more oldsters than children, says the American Cancer Society . . .

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New uses for **ultrasonic equipment**: (1) plantar-wart therapy; (2) diagnosis of eye conditions in previously inaccessible areas; (3) pre-frontal irradiation as an alternative to lobotomy in treatment of psychoneurotics . . .

University of Chicago has discontinued its **nursing course** leading to a master's degree. Reported reason: lack of funds for new emphasis on nursing research . . .

British investigators claim non-prescriptive sales of **reducing pills** are making drug addicts of users. Britishers are reportedly buying a million pills a month. **END**

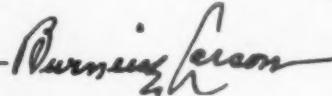
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- 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

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ANESTHETIST, NURSE: To cover surgery and OB in 275 bed hospital with expansion program in process. Excellent facilities and personnel policies. Salary open. Call or write Personnel Director, 810 E. 27th St., Minneapolis 7, Minn. Phone FEderal 2-7266.

ANESTHETISTS: (a) Join group of M.D. Anes. near Houston, \$7200; (b) Complete charge anes. service, small hsp., mountain resort, Wyoming, start \$7200 plus overtime; (c) For staff of two, 100 bed hsp. mining area, So. \$10,000; (d) Anes also act as Asst. Administrator 40 bed hsp. Hawaii. RN 9-2 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

CALIFORNIA: Registered Nurses (General Duty with opportunity for advancement), new modern 130 bed general hospital in dynamic college city in beautiful San Joaquin Valley only 2 hrs. from Los Angeles. Salary \$325 to begin. Differential for evening and nights, 5 day, 40 hr. wk. Progressive personnel policies. Transportation costs to California will be reimbursed after 1 yr. satisfactory service. Send full particulars immediately to Director of Nurses, Greater Bakersfield Memorial Hospital, P.O. Box 26, Bakersfield, Calif.

CHARGE NURSES: At L.A. County General Hospital receive \$432 per mo. for evening and night shifts. Please write me for full information re job opportunities here. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif.

CLINICAL INSTRUCTORS: For Nurse Instructor positions in NLN fully accredited 3 yr. diploma program. Starting salary \$545. All the benefits of County Civil Service. Progressive school program, interesting and challenging hospital. Write Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, L.A. 33, Calif. for complete details.

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EMERGENCY ROOM NURSE: 3 to 11, 154 bed general hospital located in beautiful residential suburb along the North Shore of Lake Michigan just North of Chicago. Starting salary \$340 for days, \$370 for evening, \$360 for nights, 40 hr. wk. Modern ranch style nurses homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

EVENING HOUSE SUPERVISOR: General Community Hospital, 100 bed JCAH accredited. Town of 18,000, beautiful location on Mississippi River. Graduate staff, 40 hr. wk. Apply Director of Nursing Service, Graham Hospital, Keokuk, Iowa.

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GENERAL DUTY NURSES: All departments in 250 bed general hospital. Liberal personnel policies, 40 hr. wk., other fringe benefits. Rooms available in Graduate Nurses' residence if so desired. Apply Director of Nurses, St. Mary's Hospital, W. Palm Beach, Fla.

GENERAL DUTY NURSES: Immediate positions available in 600 bed general hospital in Northeast Ohio. 11:15 PM to 7:15 AM or 3:00 PM to 11:30 PM shift. No pediatric department. Consideration given to the preference of service desired. 40 hr. wk. Generous employee benefits. Write Box AC-2, c/o RN Magazine, Oradell, N.J.

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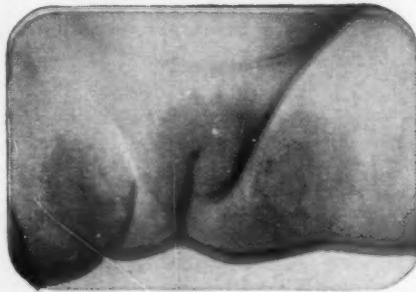
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GENERAL DUTY NURSES: 120 bed hospital southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary \$310 with a charge of \$23 for full maintenance, additional \$10 per mo for eve and night duty with regular increases. Surgical nurses starting salary \$320 plus \$5 per call after 5 pm. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

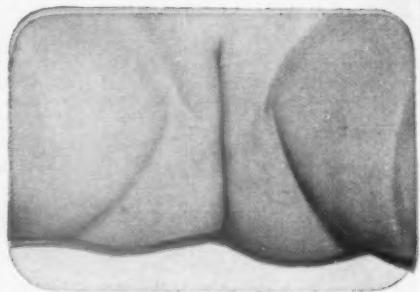
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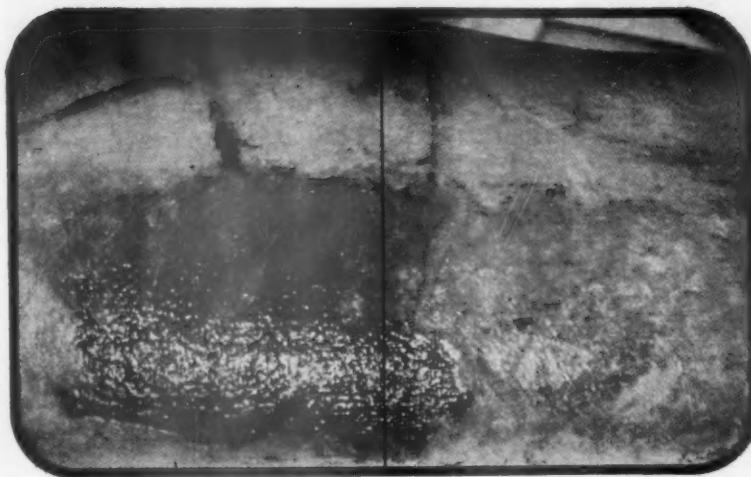
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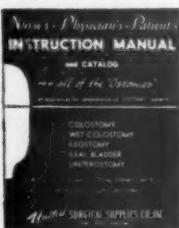
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OPERATING ROOM NURSES AND STAFF NURSES: The new Palo Alto-Stanford University Medical Center, \$340 to \$380 per mo. experience and preparation recognized. \$1 shift premium for 3-11 and 11-7, shift rotation in O.R., service rotation in medical and surgical divisions. Licensed vocational nurses, \$290 to \$320 per mo., \$10 shift premium. Orientation program for all new employees and 2 to 4 wks. vacation, social security, hospitalization insurance, sick benefit, retirement program, 40 hr. wk. Apply Director of Personnel, Palo Alto-Stanford University Medical Center, Palo Alto, Calif.

OPERATING ROOM SUPERVISOR: 250 bed general fully accredited hospital, modern, air conditioned 6 room O.R. suite, diploma school of nursing. Salary open, dependent upon qualifications. Apply Director of Nursing, Arnot Ogden Memorial Hospital, Elmira, N.Y.

OPERATING ROOM SUPERVISOR: 100 bed general hospital, 40 hrs. per wk., state retirement program, living quarters available, \$300 per mo. Apply Director of Nursing Service, Wadsworth Municipal Hospital, Wadsworth, Ohio.

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of Nursing, St. Christopher's Hospital for Children, 2600 N. Lawrence St., Philadelphia 33, Pa. Telephone GA 6-5600.

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PEDIATRIC SUPERVISOR: In 312 bed general hospital, 32 pediatric beds. Hospital accredited by J.C.A.P. Diploma School of Nursing with science affiliation at college. New Nurses Residence and school of nursing under construction. B.S. Degree required with special work in pediatrics desired. Responsible for formal and clinical pediatric nursing instruction of student nurses. Position open. Write to Director of Nursing, The Williamsport Hospital, Williamsport, Pa.

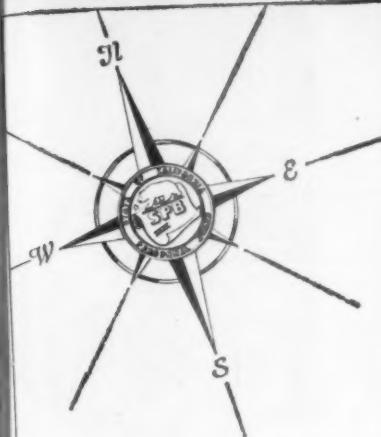
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PUBLIC HEALTH: (a) Executive P.H. Nurse to coordinate V.N.A. and city health dept. in merger, \$15-18,000; (b) Exec. Dir., administrate large city agency for chronically ill, exc. oppot. M.W.; (c) Student Health Supervisor, 150 students, 600 bed hospital, near Chicago to \$6000. RN 9-6 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

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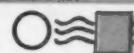
The normal vagina has a pH of 3 to 4.5. This low pH inhibits growth of most pathogenic invaders. Usually, an infection will cause the pH to rise to the neutral or alkaline range which favors the multiplication of pathogens.

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REGISTERED NURSES: VA Hospital, Chillicothe, Ohio, Psychiatric, 40 mi. south Columbus. Starting salary \$4425 with period increases to \$5385. Regular promotions with higher salaries depending on experience and education. Normally 40 hr. wk., 30 days vacation, 15 days sk. lv., and 8 holidays yearly. Moving expenses. Non-housekeeping quarters available at the hospital. Uniform allowances provided. Apply Manager, VA Hospital, Chillicothe, O.

REGISTERED NURSES: Surgery (5), 3-11:30 (2); 11-7:30 (2); OB and Surgical. Base pay \$325 per mo., 40 hr. wk., time and a half for overtime, 2 wks. (10 pd. days) vacation per yr., 6 pd. holidays, 1 day sk. lv. per mo., cumulative to 60 days. Write L. Bennett, Director of Nurses, Klamath Valley Hospital, Klamath Falls, Ore.

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REGISTERED NURSES: For a 201 bed university hospital. Base salary \$300. Rotating shifts with pay differential, 40 hr. wk. Assistant and head nurse positions also available. Write Director of Nursing, University of Nebraska, College of Medicine, 42nd and Dewey, Omaha 5, Nebr.

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REGISTERED NURSES: 11 P.M.-7 A.M., general hospital, bed capacity 49. Must be interested in Maternity, General Medical and Surgical service. Starting salary, \$335 per mo. plus \$50 per mo. differential for night duty. 2 wks. vacation and 7 holidays with pay annually. Hospital insurance plan paid after 3 mos. employment. Contact Administrator, Tracy Community Memorial Hospital, 252 West Eaton Avenue, Tracy, Calif.

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REGISTERED NURSES: California coastal area. Ideal climate. New hospital, good promotional possibilities, liberal vacation and sk. lv. Canadian nurses eligible. Salary starts at \$330 per mo. Apply Personnel Dept., Court House, Ventura, Calif.

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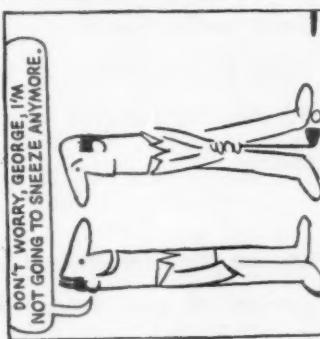
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Additional Listings

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Knox Gelatine Co., Inc.	98
Kress & Owen Co.
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Maitbie Labs., Div. of Wallace & Tiernan, Inc.
Massengill Company, The S. E.	118
McCall Corp.
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Merck & Co., Inc.	22
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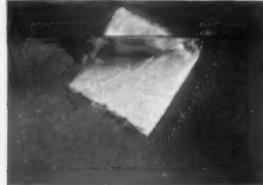
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1. Paul, W. D., Dryer, R. L., and Routh, J. I.: *Effect of Buffering Agents on Absorption of Acetylsalicylic Acid*, J. Am. Pharm. Assoc., Sc. Ed., 39:21 (Jan.) 1950.

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